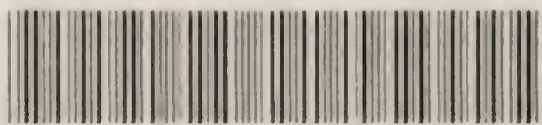


PETER BENT BRIGHAM
HOSPITAL --- BOSTON

FIFTEENTH
ANNUAL REPORT
FOR THE YEAR 1928

FORM OF BEQUEST

I give and bequeath to the Peter Bent Brigham Hospital, a corporation established under the laws of the Commonwealth of Massachusetts, the sum of _____ dollars, the same to be used for the furtherance of its charitable work.



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FIFTEENTH ANNUAL REPORT
OF THE
PETER BENT BRIGHAM
HOSPITAL

FOR THE YEAR
1928

1929

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President's Report

ON December 25, 1928, Dr. Clarence Leslie Starr died, and the Corporation, at a meeting held on January 24, 1929, passed the following vote:

"Voted, that we record our regret and sense of loss at the death of Dr. Clarence Leslie Starr, Professor of Surgery at the University of Toronto. Dr. Starr served on the staff of the Peter Bent Brigham Hospital from March 7 to March 16, 1927, as Surgeon-in-Chief pro tempore. The hospital will always remember with gratitude the valuable lessons taught by this inspiring master."

During the past year, many doctors as follows who have received a part of their education at this hospital have been honored by appointments to positions of importance at other hospitals and medical schools.

Dr. Joseph T. Wearn, Professor of Medicine, Western Reserve University, Director of Medicine, Lakeside Hospital.

Dr. Herrmann R. Blumgart, Visiting Physician and Director of Medical Research, Beth Israel Hospital.

Dr. Charles L. Brown, Assistant Professor of Internal Medicine, University of Michigan.

Dr. Roy W. Benton, Assistant Director, Smith Diagnostic Clinic, Milwaukee, Wisconsin.

Dr. William Dock, Assistant Professor of Medicine, Stanford University.

Dr. Douglas Donald, Assistant Professor of Medicine, Detroit College of Medicine.

Dr. Tinsley R. Harrison, Assistant Professor of Medicine, Vanderbilt University.

Dr. George R. Herrmann, Associate Professor of Medicine, Tulane University.

Dr. Harold M. Marvin, Assistant Clinical Professor of Medicine, Yale University School of Medicine.

PETER BENT BRIGHAM HOSPITAL

- Dr. Richard M. McKean, Assistant Professor of Medicine, Detroit College of Medicine.
- Dr. Edwin P. Lehman, Professor of Surgery and Gynecology, and Director, Surgical Department, University of Virginia.
- Dr. Percival J. Bailey, Associate Professor of Surgery, University of Chicago.
- Dr. John Fulton, Research Fellow, Magdalen College, Oxford, England.
- Dr. Claude S. Beck, Assistant Professor of Surgery, Western Reserve University.
- Dr. Daniel Elkin, Surgeon-in-Chief, Egleston Hospital for Children.
- Dr. James J. Joelson, Assistant Professor of G. U. Surgery, Western Reserve University.
- Dr. Charles L. Connor, Associate Professor of Pathology and Executive Head, Pathological Department, University of California.

Attention is called to the report of the Physician-in-Chief, emphasizing the need for the services of a dental surgeon, also the need for a more modern and convenient record room where study can be made of the already large and increasing volumes of valuable patients' records.

Time and attention have been given during recent years to the care of out-patients; further plans are being made to give to out-patients better treatment for their various maladies, both acute and chronic. In a large city such as Boston, there are so many facilities for traveling to a hospital for treatment of minor injuries and diseases that the standard of health should be higher than in a country community. In this hospital, an attempt is being made to give more and more careful examinations, thus lessening the danger of maladies becoming chronic. Our constant effort will be to give the necessary time to examination and treat-

REPORT OF THE PRESIDENT

ment of out-patients so that this department shall, as nearly as possible, reach the standard of care which we have set for our ward patients.

The report of the Roentgenologist shows a large increase in the number of patients who have been x-rayed during the past year. There appears a substantial increase in the number of private patients who have been sent by outside doctors to be x-rayed at this hospital, where the charges for treatment are less than in the private x-ray establishments of the city.

Two very distinguished British physicians served as temporary chiefs of service during the year—Sir Charles Ballance, K.C.M.G., C.B., Consulting Surgeon to St. Thomas Hospital and to the National Hospital for Paralysis and Epilepsy, served as surgeon-in-chief pro tem from October 15th to 25th; Sir Humphry Rolleston, Bart., K.C.B., Regius Professor of Physic, University of Cambridge, was here as physician-in-chief pro tem from March 25th to April 1st.

A gift of \$5000. was accepted from the Alumnae Association of the School of Nursing, the income from which will partly pay for a free bed in the private ward for our graduate nurses.

The Board of Incorporators have constantly in mind that, under the terms of the will of Peter Bent Brigham, this hospital was founded “for the care of sick persons in indigent circumstances residing in the County of Suffolk.” Acting under these provisions, the hospital authorities never refuse admission to poor persons, citizens of Suffolk County.

The hospital acknowledges with gratitude the gifts received during the past year, a list of which will be found on the pages immediately following this report.

PETER BENT BRIGHAM HOSPITAL

We take this opportunity to record our appreciation and gratitude for the faithful services rendered by the staff and employees during the past year.

C. P. CURTIS,
President.

DECEMBER 31, 1928.

MEMORIAL UPON THE DEATH OF

Louis Adams Frothingham

LOUIS ADAMS FROTHINGHAM, a member of the Peter Bent Brigham Hospital Corporation since December 11, 1919, died August 23, 1928, and his fellow members desire to record their warm appreciation of his constant and faithful interest in all that pertained to the welfare of the Institution under their care, their admiration for his character and high attainments in the service of Nation, State and Community, their regret over the loss of his wise and kindly counsel, and their deep sympathy with his family in his untimely death, cut off as he seemed to be in the prime of his many activities.

VOTED, that the above memorial be spread upon the records of the Corporation, and that a copy be sent to Mrs. Frothingham.

Gifts to the Hospital During the Year 1928

Mr. Jesse Koshland	\$ 25.00
Boston Firemen's Relief Association for a free bed for year 1928	200.00
Mr. Charles P. Curtis for a free bed for year 1928	100.00
The Humane Society of the Commonwealth of Mass.	500.00
Peter Bent Brigham Hospital Nurses Alumnae Association for a free bed to be known as the Carrie M. Hall Fund	5,000.00
Mrs. Carrie C. Crosby	22.00
Miss Mary E. Dorrah	5.00
Committee of the Permanent Charity Fund, Inc., to be used for the general purposes of the Social Service Depart- ment	2,525.00
Anonymous gift to the Thatcher R. Kimball Fund	500.00

GIFTS TO THE PHILIP H. GRAY FUND FOR THE FURTHERANCE OF NEURO SURGERY

Gift through Dr. Cushing	\$ 10.00
Mrs. M. E. Farfall	100.00
Mrs. Philip H. Gray	5,000.00

GIFTS TO THE DIABETIC RESEARCH FUND

Anonymous	\$ 100.00
Mrs. W. S. Fitz	1,000.00
Mrs. Edward J. Holmes	1,500.00

GIFTS TO THE SOCIAL SERVICE FUND

Mrs. Roger B. Merriam..\$ 20.00	Mrs. Richard C. Paine.. \$ 200.00
Mrs. Walter C. Baylies.. 25.00	Mrs. R. B. Williams 25.00
Mr. George E. Cabot ... 25.00	Mrs. J. D. C. Bradley .. 25.00
Miss Fannie M. Faulkner 20.00	Mrs. George H. Lyman . 10.00
Mrs. Henry S. Grew 10.00	Mr. & Mrs. A. L. Lowell 25.00
Miss Ida M. Mason 25.00	Mrs. F. C. Hall 10.00
Mrs. F. W. Sargent 1,000.00	Mr. L. H. H. Johnson .. 50.00
Mrs. Stephen M. Weld .. 10.00	Mrs. J. W. Farley 5.00
Mr. and Mrs. F. Douglas Cochrane 100.00	Miss Louisa Hunnewell.. 20.00
Miss Harriet S. Curtis .. 10.00	Mrs. Edward J. Holmes 5.00
Mrs. Henry V. Green- ough 10.00	Mrs. Henry G. Brooks .. 5.00
	Miss Sarah F. Bremer .. 25.00
	Miss Elizabeth Brown .. 10.00

GIFTS TO THE HOSPITAL

Mrs. Samuel P. Shaw .. \$	40.00	Mrs. R. H. Gardiner, Jr. \$	5.00
Mr. Eliot Hubbard	10.00	Mrs. Clarence R. Ed-	
Mr. J. A. L. Blake	10.00	wards	25.00
Mrs. Henry D. Chandler	5.00	Mrs. P. L. Stackpole ...	300.00
Mrs. Henry A. Morss ..	25.00	Mrs. Henry Lyman	15.00
Mrs. B. W. Trafford ...	25.00	Mrs. George P. Denny ..	25.00
Mr. G. G. Peters	50.00	Mrs. W. Endicott Dexter	10.00
Mrs. Henry S. Howe ..	25.00	Mrs. Joseph B. Howland	10.00
Mrs. R. T. Paine, 2nd ..	15.00	Mrs. Albert E. Davies ..	10.00
Mrs. Edward A. Taft ..	10.00	Mr. John Homans	10.00
Dr. Harvey Cushing	50.00	Mrs. J. L. Bremer	25.00
Mrs. Richard D. Sears ..	10.00	Miss Mary Curtis	5.00
Mrs. Robert Saltonstall..	25.00	Mrs. John C. Lee	10.00
Mrs. W. Rodman Pea-		Mrs. Louis A. Frothing-	
body	10.00	ham	25.00
Mrs. James J. Storrow ..	10.00	Mrs. Shepherd Brooks ..	100.00
Mrs. Herman Burr	15.00	Mrs. John C. Phillips ..	10.00
Mrs. Arthur B. Denny ..	25.00	Mrs. Sidney Williams ..	10.00
Mrs. Edward W. Grew	5.00	Mr. Francis W. Hunne-	
Mrs. Amory A. Lawrence	25.00	well	100.00
Miss Amelia Peabody ..	15.00	Mrs. H. G. Byng	10.00
Mrs. Charles L. Slattery	5.00	Mr. Gordon Dexter	25.00
Mrs. Helen D. Ayer	100.00	Miss Evelyn R. Sturgis..	25.00
Mrs. George Warren ...	25.00	Mrs. Wm. P. Homans ..	10.00
Mrs. H. Pauline Merrick	25.00	Miss Jane B. Hunnewell	10.00
Mrs. William Amory ...	10.00	Mr. William Amory	500.00
Mrs. Oliver Ames	15.00	Mrs. Arthur A. Rotch ..	10.00
Miss Clara E. Sears	5.00	Mrs. Chas. P. Curtis ...	50.00
Mrs. William Aldrich ..	10.00	Miss Mary F. Bartlett ..	10.00
Mrs. Philip Dexter	10.00	Mrs. James J. Storrow ..	10.00
Mr. Chas. P. Curtis	100.00	Mrs. Philip Dalton	5.00
Mrs. F. B. Crowninshield	10.00	Mr. J. Harleston Parker	10.00
Mr. Augustus Hemenway	25.00	Mrs. Horace Binney	5.00
Mrs. Reginald Foster ...	5.00	Mrs. Hilbert F. Day	3.00
Mrs. Holden McGinley .	25.00	Mr. Edward C. Fitz	10.00
Mrs. John L. Thorndike	10.00	Mrs. John C. Gray	25.00
Mrs. Henry B. Chapin ..	10.00	Miss Ellen Bullard	10.00
Mr. T. H. Brown	5.00	Mrs. N. G. Houghton ..	25.00
Mrs. Nathaniel Thayer .	25.00	Miss Ellen F. Mason ..	10.00
Mrs. John P. Reynolds..	25.00	Mrs. Philip Stockton ...	5.00
Mrs. R. H. Stevenson, Jr.	5.00	Mrs. S. E. Guild	5.00
Mrs. A. T. Bemis	25.00	Mrs. Katherine D. Howe	25.00
Mrs. Wm. Emerson	50.00	Mrs. John S. Ames	10.00
Mr. Ronald T. Lyman ..	25.00	Mrs. Christian A. Herter	15.00
Mr. F. A. Eustis	10.00	Mrs. W. D. Sohier, Jr. ..	5.00
Mrs. Henry B. Cabot, Jr.	10.00	Miss Mary Hunnewell ..	10.00
Mr. Henry S. Sargent ..	200.00	Miss Ida G. Beal	5.00
Mrs. W. Rodman Pea-		Mrs. Ellerton James ...	5.00
body	10.00	Mrs. R. G. Shaw	10.00

PETER BENT BRIGHAM HOSPITAL

Mrs. Walter Hunnewell . \$	25.00	Miss Margaret Warren . \$	5.00
Mrs. Gilbert Horrax	10.00	Mrs. Norman Cabot	15.00
Mrs. Harry L. Bayley ..	60.00	Mrs. G. R. Fearing	10.00
Mr. W. S. Peele	100.00	Mrs. George R. Blake ..	25.00
Mrs. Malcolm Donald ..	10.00	Miss Edith Fitz	10.00
Mrs. Frederick Winthrop	20.00	Mrs. R. H. Fitz	10.00
Mrs. Wm. Whitman, Jr.	10.00	Mrs. T. J. Coolidge	50.00
Miss Katharine A. Ho-		Mrs. N. P. Hallowell ..	50.00
mans	10.00	Mrs. Arnold W. Hunne-	
Mrs. Herman Burr	15.00	well	25.00
Mrs. Theodore Lyman		Mrs. Neal Rantoul	25.00
through Dr. Cheever..	500.00	Mrs. Moses Williams ..	5.00
Mrs. F. Murray Forbes.	100.00		
Proceeds of Garden Party at the Hunnewell Estate		489.00	

Free Bed Fund

Alexander Cochrane Free Bed	\$10,000.00
Walter Hunnewell Free Bed	10,000.00
Miss Aimee Lamb (In memory of Mrs. Winthrop Sargent)	5,000.00
Carrie M. Hall Free Bed	5,000.00
(Alumnae Association of the Peter Bent Brigham Hospital School of Nursing)	
Theodore Lyman Free Bed	1,000.00 for ten years
Boston Firemen's Relief Association Free Bed	200.00 for one year
Charles P. Curtis Free Bed	100.00 for one year

Report of Treasurer

A STATEMENT of receipts of income from investments and of payments therefrom out of the office of the Treasurer for the year ending December 31, 1928, is as follows:

INCOME

Real Estate receipts:

Rents	\$214,657.55	
Taxes paid by tenants	20,344.04	
Insurance paid by tenants	2,815.54	
Portland St. Power Plant net receipts	317.54	
	<hr/>	\$238,134.67

Interest on investments:

On bonds	\$ 44,057.50	
On mortgages	3,683.00	
	<hr/>	
	\$ 47,740.50	
Dividends	31,974.35	
	<hr/>	79,714.85

Bank interest 1,038.44

Total income \$318,887.96

EXPENDITURES

Taxes	\$ 82,880.64
Building repairs, etc.	13,122.52
Insurance	5,560.54
Brokerage on leases	83.33
	<hr/>

Amount carried forward \$101,647.03

REPORT OF THE TREASURER

<i>Amount brought forward</i>	\$101,647.03	
Salaries	7,800.00	
Legal expenses	1,291.50	
Audit	800.00	
Appraising buildings	72.17	
Safe Deposit box rent	70.00	
Account books and bank charge	16.85	
	<hr/>	
Total expenditures	\$111,697.55	
Bond premiums amortized	639.57	
	<hr/>	112,337.12
		<hr/>
		\$206,550.84
Transferred to Portland St. Power Plant Depreciation Account ...\$	317.54	
Transfer of income applicable to the following funds for year 1928:		
Surgeon-in-Chief Fund	1,565.22	
John P. Reynolds Scholarship Fund	125.00	
	<hr/>	2,007.76
		<hr/>
Net investment income available for Hospital Operating expenses		\$204,543.08
Net payments for Hospital Operat- ing expenses as shown by the Superintendent's statement ap- pended	\$206,936.58	
Decrease in Superintendent's supplies	3,800.41	
	<hr/>	210,736.99
		<hr/>
Deficit for year 1928 charged to General Fund..		\$ 6,193.91

SCHEDULE OF PROPERTY

Land and buildings occupied for Hospital includ- ing furniture and fixtures	\$2,272,131.42
Mortgages	65,400.00
	<hr/>
<i>Amount carried forward</i>	\$2,337,531.42

PETER BENT BRIGHAM HOSPITAL

<i>Amount brought forward</i>	\$2,337,531.42
Notes Ely & Walker Dry Goods Co. \$115,000 discounted	112,160.59
Land and buildings:	
166/210 Portland Street	786,877.69
38-54 Scollay Square (formerly 5/11 Tremont Row)	493,221.99
224/230 Congress Street	99,961.97
108/114 Lincoln Street	153,368.45
223/225 Washington Street	208,472.25
91/95 Portland Street	75,957.25
67/69 Commercial Street	73,999.76
1/3 Bowdoin Street	54,452.51
148/150 Hanover Street	60,787.78
1/7 Sudbury Street	70,151.83
4/14 Cambridge Street (formerly 88/92 Court Street)	55,388.53
94/98 Arch and 13/17 Otis Streets	166,479.61
Land corner Albany and Dover Streets	110,221.90
1000 shares Boston & Maine R. R. Co. pfd A stamped	129,432.68
120 shares Boston & Maine R. R. Co. P. P. pfd 70% paid	8,400.00
100 shares Boston & Albany R. R. Co. ..	25,800.00
524 shares Vermont & Mass. R. R. Co. ..	91,700.00
450 shares Old Colony R. R. Co.	93,150.00
183 shares Nashua & Acton & Boston R. R. Co.	183.00
300 shares State Street Exchange	25,960.00
50 shares Boston Real Estate Trust	58,514.25
150 shares Hotel Trust (Touraine)	15,900.00
100 shares South Terminal Trust	10,300.00
1000 shares Berkeley Hotel Trust	65,000.00
363 shares New York Central R. R. Co...	35,667.95
100 shares Chicago, Milwaukee, St. Paul & Pacific R. R. Pfd	15,162.70
247 shares Pennsylvania R. R. Co.	13,074.10
<i>Amount carried forward</i>	\$5,447,278.21

REPORT OF THE TREASURER

Amount brought forward\$5,447,278.21

1500 shares New York, New Haven & Hartford R. R. Co. com.	28,500.00
375 shares New York, New Haven & Hartford R. R. Co. pfd	37,500.00
\$150,000 American Telephone & Telegraph Co. 4% bonds due 1929	139,887.50
25,000 Long Island R. R. Co. Gold Debenture 5% bonds due 1934	24,000.00
5,000 Kansas City, Memphis Ry. & Bridge Co. 5% bonds due 1929	5,007.17
100,000 Chicago, Burlington & Quincy R. R. Co. Ill. Div. 3½% bonds due 1949	89,077.50
20,000 Washington Water Power Co. 5% bonds due 1939	20,178.97
50,000 Boston & Maine R. R. Co. 4½ and 5% bonds 1944	50,452.16
50,000 Interborough Rapid Transit Co. 5% bonds due 1966	49,500.00
50,000 Burlington, Cedar Rapids & Northern R. R. Co. 5% bonds due 1934	51,550.27
25,000 New York Central & Hudson River R. R. Co. first mortgage 3½% bonds due 1997	21,875.00
50,000 Cleveland, Loraine & Wheeling R. R. Co. 5% bonds due 1933 ..	51,239.63
25,000 New York Central & Hudson River R. R. Co. Deb. 4% bonds due 1934	23,937.50
25,000 Northern Pacific R. R. Co. Prior Lien 4% bonds due 1997	24,781.25
50,000 Eastern Mass. Street Ry. Co. } series A 4½% bonds due 1948	41,450.00
2,500 Eastern Mass. Street Ry. Co. } series D 6% bonds due 1948	

Amount carried forward\$6,106,215.16

PETER BENT BRIGHAM HOSPITAL

Amount brought forward\$6,106,215.16

25,000 Quincy Market Realty Co. 5% bonds due 1964	25,000.00
28,000 General Electric Co. 3½% bonds due 1942	23,170.00
56,800 Pere Marquette Ry. Co. first mort- gage 5% bonds due 1956	49,420.00
3,000 Pennsylvania R. R. Co. 4% bonds due 1948	2,880.00
50,000 Atchison, Topeka & St. Fe Ry. Co. Trans. Continental Short Line 4% bonds due 1958	47,500.00
50,000 Illinois Steel Co. 4½% bonds due 1940	47,375.00
50,000 Liberty Loan 4¼% bonds	48,187.50
25,000 Cedar Rapids Mfg. & Power Co. first mortgage 5% S. Fd. bonds due 1953	24,250.00
20,000 Milwaukee Electric Railway & Light Co. Reg. Ext. Mortgage 4½% bonds due 1931	18,500.00
15,000 Montreal Light & Power Co. first mortgage 4½% bonds due 1932	13,875.00
15,000 Baltimore & Ohio R. R. Co. So. Western Div. 5% bonds due 1950	14,887.50
2,400 Chicago, Milwaukee, St. Paul & Pacific R. R. Co. 5% bonds due 1975	2,400.00

Cash:

Operating Expense Fund	\$ 20,000.00
In banks	86,859.44
	<hr/>
	\$ 106,859.44
Superintendent's inventories	50,603.15
	<hr/>
	\$6,581,122.75

REPORT OF THE TREASURER

Included in the above schedule of property are the following Special Funds:

DIABETIC RESEARCH FUND	\$ 2,170.53	
PHILIP H. GRAY FUND for the furtherance of Neuro-Surgery ...	4,520.37	
JOHN P. REYNOLDS MEMORIAL FUND	1,000.00	
HEMENWAY SQUASH COURT	11,050.00	
SURGICAL DRESSING FUND, Donation from the New England Surgical Dressing Committee	10,000.00	
SURGEON-IN-CHIEF FUND	31,304.46	
JOHN P. REYNOLDS SCHOLARSHIP FUND	2,500.00	
RADIUM FUND	3,000.00	
ALEXANDER COCHRANE FREE BED FUND	10,000.00	
THEODORE LYMAN FREE BED FUND	1,000.00	
AIMEE LAMB FREE BED FUND in memory of Mrs. Winthrop Sargent	5,000.00	
WALTER HUNNEWELL FREE BED FUND	10,000.00	
CARRIE M. HALL FUND	5,000.00	
SOCIAL SERVICE FUND	486.20	
MRS. THATCHER R. KIMBALL FUND	2,000.00	
	<hr/>	99,031.56
		<hr/>
		\$6,482,091.19

Viz.:

Peter Bent Brigham Hospital accounts	\$6,475,136.45
Portland Street Power Plant Depreciation account	5,122.45
	<hr/>

Amount carried forward\$6,480,258.90

PETER BENT BRIGHAM HOSPITAL

Amount brought forward\$6,480,258.90

Surgeon-in-Chief Fund income
account 1,630.44

John P. Reynolds Scholarship
Fund income account 201.85

\$6,482,091.19

EDMUND D. CODMAN,
Treasurer.

Report of the Superintendent

THE fifteenth annual report of the Superintendent is herewith submitted.

Dr. Charles L. Clay was appointed second assistant superintendent on January 15th to fill the vacancy caused by Dr. Mason's leaving, Dr. Leslie H. Wright having been advanced to the position of first assistant superintendent. Dr. Clay was graduated in medicine from the College of Physicians and Surgeons, New York, in 1921, and following an internship at the Lawrence General Hospital, served on the medical staff of the Danvers State Hospital from 1922 until his appointment here.

There were admitted to the wards during the year 4523 patients as compared with 4607 in 1927. The total number of days' treatment given was 77,691 as compared with 78,645 in 1927. The difference was largely due to the practice begun last April of treating luetic patients in the Out-Door Department instead of in the wards, as formerly.

In the Out-Door Department, 8164 new patients were seen, an increase of 465 as compared with 1927. The total number of visits to the department was 57,162, as compared with 60,671 in the previous year. More and more the practice in this department is to try to give to the patient more nearly a type of service that the seriousness of the malady requires rather than to encourage a larger attendance which must necessitate less individual attention. The results of this policy have been most encouraging. The special clinics, through cooperation between the doctors, the

PETER BENT BRIGHAM HOSPITAL

patient and the social service department, have seen the constant return of patients for a period of one to two or more years, if suffering from chronic diseases or from those tending to suffer recurrences. The result of giving more time to individual patients is, of course, to increase the per capita expense, but this expenditure, we feel sure, is well justified. The cost per out-patient visit this year was \$.74 as compared with \$.59 in 1927. Nor should we feel satisfied until the standard out-patient history taking, physical examination, laboratory work, and treatment of cases comes as near as possible to that of the wards.

The daily per capita cost for all house patients, based on the total expenditures in all departments of the hospital (excepting the amount paid graduate nurses employed at the expense of patients for special duty) was \$7.25 as compared with \$7.05 the previous year. Deducting the cost of operating the private ward and the Out-Door Department, the daily per capita cost was \$6.22. It was \$6.17 in 1927. Other comparisons are given in Table II on page 32.

The daily per capita cost of raw food was \$.48—. This cost in 1927 was \$.48+.

The outstanding feature of the year's work in the Dietary Department has been the development of a different method for the service of special diets. Previous to this, all foods on special diets had been prepared in the special diet kitchen and sent cold to the ward diet kitchens where the foods to be served hot were reheated and the trays served to the patients. Under the present system, house diet is taken as a basis for computing all diets and only supplementary foods are sent to the wards for the special diet patients. This procedure has increased the efficiency of

REPORT OF THE SUPERINTENDENT

the service remarkably, both in the special diet kitchen and in the ward diet kitchen. In addition, the nurses are taught that special diets are relatively simple and are really variations of the general diet.

Miss Doris Keller, former assistant administrative dietitian, left in June and has assumed charge of the dietary department of the Waterbury Hospital, Waterbury, Connecticut. Miss Alice Thompson, a graduate of the department, succeeded Miss Keller. Miss Mary Robertson, another recent graduate of the department, is in charge of special diets, replacing Miss Elizabeth Bellinger, who resigned in October after three years' efficient service.

The number of calculated diets was somewhat greater than in the previous year, 13,629 in 1927, and 14,446 in 1928. The principal calculated diets as to number were: Diabetic, 2369; High Caloric, 2564; Standard Nephritic, 1036; Low Protein, 2165; Sippy, 2527; and Special Anaemia diets, 1166. Diets termed Extra Diets, which were really supplementary foods for house diets, have been eliminated by the present method of serving special diets.

The work of the Fiction Library has gone on as usual, but with a slightly greater use than ever before. Nine thousand nine hundred and eighty-two books were circulated. Seventy-six foreign books were borrowed from the State Library Commission at the State House. We lack the newer novels for patients use and would welcome gifts of such books, or, better still, gifts of money for this special purpose, with which our Librarian may purchase the sort of books best liked by the patients.

The Corporation sent invitations to all former members of the staff and all graduate nurses to return for

PETER BENT BRIGHAM HOSPITAL

a reunion to celebrate our fifteenth birthday. One hundred and ninety-six alumni registered and were entertained from April 26th to 28th inclusive. We heard many favorable comments as to its success. The complete program was as follows:

THURSDAY, APRIL 26

8.30-11.00—Surgical operations and ward visits by members of the Staff. Detailed program to be found on Hospital bulletin boards.

IN AMPHITHEATER

- 11.00-11.15—Welcome. Henry A. Christian, Physician-in-Chief.
- 11.15-11.30—Studies on Lipo-Chromes. Charles L. Connor, Faculty Instructor in Pathology, Harvard Medical School. Former Resident Pathologist.
- 11.30-11.45—The Pathogenesis of Erysipelas. Francis G. Blake, Professor of Medicine, Yale University School of Medicine; Physician-in-Chief, New Haven Hospital. Former Medical House Officer, Assistant Resident and Resident Physician.
- 11.45-12.00—Some Aspects of the Reticulo-endothelial System. Cornelius P. Rhoads. Former Surgical House Officer.
- 12.00-12.15—The Effects of Various Methods of Producing Myocardial Damage using the Albino Rat.
Charles L. Brown, Junior Associate in Medicine.
- 12.15-12.30—Localized Allergy.
Harry L. Alexander, Associate Professor of Medicine, Washington University, and Associate Physician, Barnes Hospital. Former Assistant Resident Physician.
- 12.30-12.45—The Anterior Lobe of the Pituitary Gland and Experimental Acromegaly. Tracy J. Putnam, Associate in Surgery.
- 12.45-1.00—Unusual Complications of Bacterial Endocarditis. Channing Frothingham, Physician.
- 1.00-2.30—Luncheon at Peter Bent Brigham Hospital.
- 2.30-2.45—Angiomatosis of the Retina and its Relation to Lindau's Disease. Percival Bailey, Associate in Surgery.
- 2.45-3.00—The Circulation in Arteriosclerotic Gangrene. John J. Morton, Professor of Surgery, University School of Medicine and Dentistry, Rochester, New York. Former Surgical House Officer.
- 3.00-3.15—Some Unproved Impressions Concerning Heart Disease. Samuel A. Levine, Senior Associate in Medicine.
- 3.15-3.30—Some Aspects of the Treatment of Acute Rheumatic Fever. Clifford L. Derick, Physician.
- 3.30-3.45—Experiments on Healing Wounds. Samuel C. Harvey, Professor of Surgery, Yale University School of Medicine; Surgeon-in-Chief, New Haven Hospital. Former Surgical House Officer and Assistant Resident Physician.

REPORT OF THE SUPERINTENDENT

- 3.45-4.00—The Progress of the Text-book of Surgery. John Homans, Surgeon.
- 4.00-4.15—An Unusual Case of Diabetes. Howard F. West, Associate Medical Director, Los Angeles Metabolic Clinic. Former Assistant Resident Physician and Resident Physician.
- 4.15-4.30—Velocity of Blood Flow in Health and Disease. Hermann L. Blumgart, Assistant Physician, Thorndike Memorial Laboratory. Former Medical House Officer.

IN SMALL AMPHITHEATER

- 2.30-2.45—Welcome to Alumnae of the School of Nursing. Carrie M. Hall, Principal, School of Nursing and Honorary Alumna.
- 2.45-3.00—Some Things I Saw, Heard and Did Fifteen Years Ago. Sally M. Johnson, Honorary Alumna. Superintendent of Nurses, Massachusetts General Hospital.
- 3.00-3.15—L'Hospital General of Port-Au-Prince, Haiti. Cecile Authier, Class of 1915.
- 3.15-3.30—The Nurse as an Industrial Factor. Eva Gaboury, Class of 1915.
- 3.30-3.45—Nurses in X-Ray Work. Christine McDonald, Class of 1920.
- 3.45-4.00—Nursing in a Hospital for Chronic Diseases. Mildred Constantine, Class of 1918.
- 4.30—Tea given by Nurses' Alumnae Association. Squash or Tennis, Energy and Weather Permitting.
- 6.30—Dinner at the Peter Bent Brigham Hospital.
- 8.00—Entertainment by Nurses' Alumnae Association and Resident Staff.

FRIDAY, APRIL 27

- 8.30-11.00—Surgical operations and ward visits by members of the Staff. Detailed program to be found on Hospital bulletin boards.

IN AMPHITHEATER

- 11.00-11.15—The Total Blood Count in Hyperthyroidism. Reginald Fitz, Physician.
- 11.15-11.30—A Study of the Dietary Habits of Patients with Pernicious Anemia. Cyrus C. Sturgis, Professor of Medicine, University of Michigan. Former Medical House Officer, Assistant Resident Physician, Resident Physician, Associate in Med. and Physician.
- 11.30-11.45—Metabolic Studies in Pernicious Anemia. Howard L. Alt, Resident Physician.
- 11.45-12.00—Observations on Beri-beri. George R. Hermann, Assistant Professor of Medicine, Tulane University. Former Medical House Officer.
- 12.00-12.15—Solutions for Intravenous Injection in low Blood-Pressure and Shock. Cecil K. Drinker, Professor of Physiology, Harvard. Former Medical House Officer, and Resident Physician.

PETER BENT BRIGHAM HOSPITAL

- 12.15-12.30—Transfusions in Acute Blood Loss. Clare E. Bird, Resident Surgeon.
- 12.30-12.45—Sacro-Iliac Joint X-Ray Changes Interpreted on the Basis of Histological Changes. Marius N. Smith-Petersen. Visiting Orthopedic Surgeon, Massachusetts General Hospital. Former Surgical House Officer.
- 12.45-1.00—Some points of Interest Related to Bone Infection. Clarence L. Starr, Professor of Surgery, University of Toronto. Former Visiting Surgeon Pro Tempore.
- 1.00-2.30—Luncheon at Peter Bent Brigham Hospital.
- 2.30-2.45—End Result Studies in the Surgery of Chronic Valvular Disease of the Heart. Elliott C. Cutler, Professor of Surgery, Western Reserve University Medical School and Chief Surgeon, Lakeside Hospital. Former Surgical House Officer, Resident Surgeon and Associate in Surgery.
- 2.45-3.00—The Hinton Glycerol-Cholesterol Precipitation Test for Syphilis. E. T. Munter, Assistant Resident Physician.
- 3.00-3.15—The Golden Fleece. John A. P. Millet, Associate Physician, Austen Riggs Foundation, Stockbridge. Former Medical House Officer.
- 3.15-3.30—The Roentgen Study of the Pharynx and Trachea with Especial Reference to Retropharyngeal Abscess. Lawrence Reynolds, Assistant Roentgenologist, Harper Hospital, Detroit. Former Roentgenologist.
- 3.30-3.45—Pneumonia in Isolated Rural Communities. Wilson G. Smillie. Assistant Director for U. S. International Health Board. Professor Elect of Public Health Administration, Harvard. Former Medical House Officer and Assistant Resident Physician.
- 3.45-4.00—Post-Operative Massive Atelectasis. W. J. Merle Scott. Associate Professor of Surgery, University of Rochester. Former Associate in Surgery and Assistant Resident Surgeon.
- 4.00-4.15—Experimental Abscess of the Lung. Factors in Chronicity. Louis G. Herrmann. Assistant Resident Surgeon, Lakeside Hospital, Cleveland. Former Medical House Officer.
- 4.15-4.30—Electrosurgical methods of Attacking Intracranial Tumors. Harvey Cushing, Surgeon-in-Chief.
- 4.30—Tea given by Nurses' Alumnae Association. Squash or Tennis, Energy and Weather Permitting.
- 4.30—Presentation by Dr. Cutler to Dr. and Mrs. Cushing of gift from surgical graduates.
- 6.30—Dinner at the Peter Bent Brigham Hospital.
- 8.30—Dance at the Hospital. Bridge in the Zander Room.

SATURDAY, APRIL 28

- 8.30-11.00—Surgical Operations and Ward Visits by Members of the Staff. Detailed Program to be found on Hospital bulletin boards.

REPORT OF THE SUPERINTENDENT

IN AMPHITHEATER

- 11.00-11.15—Emotional Polycythemia. Walter B. Cannon, Consulting Physiologist.
- 11.15-11.30—One or Two Points Concerning the Management of a Brain Abscess Case. Kenneth G. McKenzie, Surgical Staff, Toronto General Hospital. Former Assistant Resident Surgeon.
- 11.30-11.45—The Pathology of Deficiency Diseases. S. Burt Wolbach, Pathologist.
- 11.45-12.00—The Treatment of Arthritis. Francis C. Hall, Associate in Medicine.
- 12.00-12.15—Some Peculiar Bone Changes Found in Children with Splenic Anemia. Edward C. Vogt. Former House Officer, Assistant Resident in X-Ray Department and Associate Roentgenologist.
- 12.15-12.30—Observations upon the Production of Cerebrospinal Fluid. Roy G. Spurling, Instructor in Surgery, University of Louisville, School of Medicine. Former Surgical House Officer and Assistant Resident Surgeon.
- 12.30-12.45—Relapsing Febrile Nodular Non-Suppurative Panniculitis. Henry A. Christian, Physician-in-Chief.
- 12.45-1.00—Recent Advances in Urologic Diagnosis. William C. Quinby, Urological Surgeon.
- 1.00-2.30—Luncheon at Peter Bent Brigham Hospital.
- 2.30-2.45—Observations on 1637 Cholecystograms. Merrill C. Sosman, Roentgenologist.
- 2.45-3.00—Results of Ulcer Therapy. Edward S. Emery, Jr., Associate in Medicine.
- 3.00-3.15—Failure in the Surgical Treatment of Peptic Ulcer. David Cheever, Surgeon.
- 3.15-3.30—Some Aspects of Epidemic Encephalitis. Henry R. Viets, Assistant Neurologist, Massachusetts General Hospital. Former Surgical House Officer.
- 3.30-3.45—The Use of Salyrgen in Edema. James P. O'Hare, Senior Associate in Medicine.
- 3.45-4.00—Studies. Upon the Behaviour of Free Cartilage in Joints. Robert M. Harbin, Assistant Professor of Orthopedic Surgery, Western Reserve University School of Medicine. Former Surgical House Officer.
- 4.00-4.15—End Results in the Treatment of Diverticulitis of the Colon. Francis C. Newton, Senior Associate in Surgery.
- 4.15-4.30—Experiences with Cordotomy. Gilbert Horrax, Senior Associate in Neurological Surgery.
- 4.30—Farewell. Harvey Cushing, Surgeon-in-Chief.

The main floor of the Out-Door Department, originally planned for physiotherapy apparatus, though never so used, was divided into large and small classrooms. This work was done largely by the hospital

PETER BENT BRIGHAM HOSPITAL

force of mechanics and the dividing partitions were made of fire-proof materials, and in such a manner that they can be removed without cutting into the main walls in order to more easily change the size of the rooms as demands may arise in future. We have been using this space for several months. The kind of out-patient work we are striving for could not be well done without this additional space. It will be still more needed next fall when a new manner of conducting the teaching of third year Harvard Medical students begins. We shall then have one-third of the class spending full time in the hospital, and considerable of the students' time will be spent in the out-door department.

In our last report, mention was made of the need of more laboratory space and better quarters for the record stenographers and for the clinical record library. The Corporation authorized a preliminary study for a new record library, building a third story on the medical library building, and a further addition to this building for a pathological amphitheater. This preliminary study has been made. Further study of our requirements is being carried on.

There has continued the spirit of loyalty throughout the departments of the hospital, so necessary for real success in our work.

To the members of the Corporation, I wish again to express my thanks for their encouragement and support.

JOSEPH B. HOWLAND,

Superintendent.

DECEMBER 31, 1928.

REPORT OF THE SUPERINTENDENT

Table I
Table of Medical and Surgical Diseases in
Terms of International Classification

JANUARY 1, 1928, TO JANUARY 1, 1929

DISEASES		MEDICAL		SURGICAL		O. D. D.
		Disch.	Dead	Disch.	Dead	
1. EPIDEMIC, ENDEMIC, AND INFECTIOUS DISEASES						
1	Typhoid and paratyphoid fever	7	..	..	..	3
4	Malta fever	1	..	..	..	..
5	Malaria	1	..	..	..	1
7	Measles	2	..	..	..	2
8	Scarlet fever	5	..	..	..	..
9	Whooping cough .....	..	..	..	..	1
10	Diphtheria	1	..	..	..	..
11	Influenza	5	1	..	..	10
13	Mumps .....	..	..	..	..	1
16	Dysentery, bacillary .....	..	..	1	..	..
21	Erysipelas .....	..	..	2	..	3
22	Acute anterior poliomyelitis	4	..	..	..	2
23	Lethargic encephalitis	2	..	..	..	1
24	Meningococcus meningitis	1	..	..	..	..
25	Other epidemic and endemic diseases	53	..	1	..	417
29	Tetanus .....	..	..	..	..	1
30	Mycoses .....	..	..	..	..	1
31	Tuberculosis of respiratory system ..	75	3	23	..	167
32	Tuberculosis of the meninges	3	..	1	..	1
33	Tuberculosis of intestines and peri- toneum	8	1	6	..	21
34	Tuberculosis of vertebral column	1	..	2	..	7
35	Tuberculosis of joints .....	..	..	1	..	1
36	Tuberculosis of other organs	7	..	25	2	27
37	Disseminated tuberculosis	7	3	3	..	1
38	Syphilis (includes tabes dorsalis and general paralysis of the insane) ..	197	4	37	..	295
39	Soft chancre	1	..	..	..	2
40	Gonococcus infection	11	..	20	..	136
41	Purulent infection, septicemia	14	5	7	2	16

PETER BENT BRIGHAM HOSPITAL

DISEASES		MEDICAL		SURGICAL		O. D. D.
		Disch.	Dead	Disch.	Dead	
II. GENERAL DISEASES NOT INCLUDED ABOVE						
43	Cancer and other malignant tumors of the buccal cavity	1	..	6	..	4
44	Cancer and other malignant tumors of the stomach and liver	31	3	27	5	10
45	Cancer and other malignant tumors of peritoneum, intestines and rectum	9	1	34	10	11
46	Cancer and other malignant tumors of female genital organs	5	..	22	2	26
47	Cancer and other malignant tumors of the breast	2	1	19	2	31
48	Cancer and other malignant tumors of the skin	2	..	2	..	25
49	Cancer and other malignant tumors of other and unspecified organs	41	5	58	10	85
	Malignant tumors of nervous system (verified) (includes gliomas) (cf. also 59 and 84) .....	..	..	82	26	..
50	Benign tumors and tumors not returned as malignant (tumors of the female genital organs excepted) ..	18	1	62	2	300
51	Acute rheumatic fever	14	..	..	..	32
52	Chronic rheumatism, osteoarthritis, gout	95	..	21	..	307
53	Scurvy	1	..	..	..	1
54	Pellagra	1	1	..	..	..
56	Rickets .....	..	..	2	..	6
57	Diabetes mellitus	82	2	27	..	146
58	Anemia	109	4	49	..	51
59	Diseases of the pituitary gland	5	..	49	..	11
60	Diseases of the thyroid gland	59	1	50	1	172
61	Diseases of the parathyroid glands ..	..	..	1	..	..
62	Diseases of the thymus gland	1	..	..	..	2
63	Diseases of the adrenals (Addison's disease)	4	1	..	..	4
64	Diseases of the spleen	5	..	3	..	..
65	Leukemia and Hodgkin's disease	17	5	2	..	10
66	Alcoholism (acute or chronic)	11	..	4	..	18
67	Chronic poisoning by mineral substances	3	..	1	..	..

REPORT OF THE SUPERINTENDENT

DISEASES		MEDICAL		SURGICAL		O. D. D.
		Disch.	Dead	Disch.	Dead	
68	Chronic poisoning by organic substances	11	..	1	..	..
69	Other general diseases	60	1	12	..	275
III. DISEASES OF THE NERVOUS SYSTEM AND OF THE ORGANS OF SPECIAL SENSE						
70	Encephalitis (does not include Encephalitis lethargica, cf. 23)	2	1	11	2	8
71	Meningitis (does not include meningitis specified as meningococcic, tuberculous, rheumatic, etc.)	6	3	16	2	1
73	Other diseases of the spinal cord	28	..	6	..	6
74	Cerebral hemorrhage, apoplexy	57	12	8	..	18
75	Paralysis without specified cause	18	..	5	..	6
77	Other forms of mental alienation	70	..	23	..	41
78	Epilepsy	11	..	14	..	55
79	Convulsions (non-puerperal) (5 years and over)	2	..	3	..	10
81	Chorea	8	..	1	..	17
82	Neuralgia and neuritis	8	..	38	..	149
84	Other diseases of the nervous system	150	1	29	..	366
	Tumors of the nervous system (verified) (cf. also 49 and 59) ..	..	..	69	7	..
	Tumors of the nervous system (unverified) .....	..	..	67	1	..
	Tumors of the nervous system (suspect)	11	1	82	4	..
85	Diseases of the eye and annexa	82	..	20	..	61
86	Diseases of the ear and of the mastoid process	21	..	13	..	37
IV. DISEASES OF THE CIRCULATORY SYSTEM						
87-90	Diseases of the heart	595	70	62	1	857
91, 92	Diseases of the arteries	313	6	57	3	303
93	Diseases of the veins (varices, hemorrhoids, phlebitis, etc.)	51	2	157	1	521
94	Diseases of the lymphatic system (lymphangitis, etc.)	7	..	20	..	70

PETER BENT BRIGHAM HOSPITAL

DISEASES	MEDICAL		SURGICAL		O. D. D.
	Disch.	Dead	Disch.	Dead	
95 Hemorrhage without specified cause..	3	..	4	..	21
96 Other diseases of the circulatory system	264	5	32	..	630

V. DISEASES OF THE RESPIRATORY SYSTEM

97 Diseases of the nasal fossae and the annexa	41	..	17	..	98
98 Diseases of the larynx	6	..	1	..	31
99 Bronchitis	69	2	19	..	205
100 Bronchopneumonia (including capillary bronchitis)	95	7	25	1	8
101 Pneumonia	43	15	4	1	12
102 Pleurisy	73	2	20	..	48
103 Congestion and hemorrhagic infarct of the lung	24	..	9	..	3
104 Gangrene of the lung	1	1	..	..	12
105 Asthma	61	1	4	..	312
106 Pulmonary emphysema	31	..	4	..	..
107 Other diseases of the respiratory system	25	2	8	..	112

VI. DISEASES OF THE DIGESTIVE SYSTEM

108 Diseases of the mouth and annexa ..	75	..	37	..	71
109 Diseases of the pharynx and tonsils ..	53	..	96	..	120
110 Diseases of the esophagus	6	..	3	..	3
111 Ulcer of the stomach and duodenum	130	3	66	3	305
112 Other diseases of the stomach (cancer excepted)	49	1	9	..	155
114 Diarrhea and enteritis (2 years and over)	28	3	11	..	19
116 Diseases due to intestinal parasites ..	7	..	1	..	5
117 Appendicitis and typhilitis	2	..	177	1	184
118 Hernia, intestinal obstruction	54	1	163	2	211
119 Other diseases of the intestines	54	..	79	1	543
121 Hydatid tumor of liver .....	..	..	1	..	..
122 Cirrhosis of liver	15	1	2	1	9
123 Cholelithiasis and cholecystitis	44	..	89	7	106
124 Other diseases of the liver	58	..	36	1	210

REPORT OF THE SUPERINTENDENT

DISEASES	MEDICAL		SURGICAL		O. D. D.
	Disch.	Dead	Disch.	Dead	
125 Diseases of the pancreas	1	..	3	..	..
126 Peritonitis without specified cause ..	10	..	20	2	6

VII. NON-VENEREAL DISEASES OF THE GENITO-URINARY SYSTEM AND ANNEXA

128 Acute nephritis	16	1	1	..	26
129 Chronic nephritis	48	4	2	..	46
131 Other diseases of kidneys and annexa (diseases of the kidneys in preg- nancy excepted)	44	2	58	4	101
132 Calculi of the urinary passages	10	..	55	..	48
133 Diseases of the bladder	28	..	31	..	305
134 Diseases of the urethra, urinary ab- scess, etc.	4	..	20	..	48
135 Diseases of the prostate	8	..	80	10	18
136 Non-venereal diseases of the male genital organs	8	..	32	..	59
137 Cysts and other benign tumors of the ovary	2	..	51	..	42
138 Salpingitis and pelvic abscess	1	..	41	..	160
139 Benign tumors of the uterus	8	..	72	..	88
140 Non-puerperal uterine hemorrhage ..	1	..	5	..	40
141 Other diseases of the female genital organs	27	..	212	..	759
142 Non-puerperal diseases of the breast (cancer excepted)	3	..	20	..	36

VIII. THE PUERPERAL STATE

143 Accidents of pregnancy	4	..	27	2	27
Pregnancy normal	12	..	13	..	..
144 Puerperal hemorrhage .....	..	..	..	..	1
145 Other accidents of labor .....	..	..	..	..	5
146 Puerperal septicemia .....	..	..	2	..	..
147 Puerperal phlegmasia alba dolens, em- bolus, sudden death .....	..	..	1	..	..
148 Puerperal albuminuria and convulsions	1	..	1	..	..
150 Puerperal diseases of the breast	1	..	..	..	3

PETER BENT BRIGHAM HOSPITAL

DISEASES		MEDICAL		SURGICAL		O. D. D.
		Disch.	Dead	Disch.	Dead	
IX. DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE						
151	Gangrene	4	..	1	..	12
152	Furuncle	4	..	12	..	239
153	Acute abscess	3	..	58	1	202
154	Other diseases of the skin and annexa	40	1	21	..	449
X. DISEASES OF THE BONES AND OF THE ORGANS OF LOCOMOTION						
155	Diseases of the bones (tuberculosis excepted)	17	..	35	3	72
156	Diseases of the joints (tuberculosis and rheumatism excepted)	27	2	6	..	360
157	Amputations .....	..	..	..	..	4
158	Other diseases of organs of loco- tion	27	..	33	1	302
XI. MALFORMATIONS						
159	Congenital malformations	27	1	39	..	57
XII. EARLY INFANCY						
No cases						
XIII. OLD AGE						
164	Senility	10	..	4	..	12
XIV. EXTERNAL CAUSES						
170	Suicide by firearms .....	..	..	2	2	1
176	Poisoning by venomous animals ....	..	..	..	..	14
177	Other acute accidental poisonings (gas excepted)	3	..	1	..	14
179	Accidental burns (conflagration ex- cepted) .....	..	..	7	..	188
181	Accidental absorption of irrespirable or poisonous gas	1	..	..	..	..
183	Accidental traumatism by firearms (weapons of war excepted) .....	..	..	1	..	5

REPORT OF THE SUPERINTENDENT

DISEASES		MEDICAL		SURGICAL		O. D. D.
		Disch.	Dead	Disch.	Dead	
184	Accidental traumatism by cutting or piercing instruments	2	..	2	..	268
185	Accidental traumatism by fall	1	..	74	4	409
186	Accidental traumatism in mines and quarries .....	..	..	1	..	..
187	Accidental traumatism by machines ..	..	..	10	..	..
188	Accidental traumatism by other crushing (vehicles, railways, landslides, etc.)	2	..	66	4	255
189	Injuries by animals (not poisoning)	..	..	1	..	37
196	Other accidental electric shocks ....	..	..	..	..	1
199	Homicide by other means .....	..	..	..	..	1
202	Other external violence (cause specified)	4	..	44	1	1229
203	Other external violence (cause not specified)	3	..	..	..	191
XV. ILL-DEFINED DISEASES						
204	Sudden death	2	2	..	..	..
205	Diseases not specified or ill-defined ..	61	1	51	..	1824
	No disease	16	..	20	..	..

PETER BENT BRIGHAM HOSPITAL

Table II Comparative Tables of Statistics

HOSPITAL WARDS AND SINGLE ROOMS

Patients in hospital first of year:

	1928	1927
Medical	79	93
Surgical	107	103
Total	186	196

Patients admitted during the year:*

Medical	2,163	2,330
Surgical	2,360	2,277
Total	4,523	4,607

Patients treated in hospital wards and
private rooms during the year:

Medical	2,242	2,423
Surgical	2,467	2,380
Total	4,709	4,803

Patients discharged during the year:

Well	779	652
Improved	2,568	2,902
Unimproved	287	290
Untreated	541	463
Died	332	310
Total	4,507	4,617

* The apparent discrepancy between these figures and those shown in Medical and Surgical tables on pages 25-31 are explained by the latter tables including transfers from Medical to Surgical and *vice versa*.

REPORT OF THE SUPERINTENDENT

Patients in hospital end of year:

	1928	1927
Medical	88	79
Surgical	114	107
Total	202	186

Total patients days' treatment:

Paying patients	42,915	45,684
Part paying patients	15,428	14,082
Free patients	19,348	18,879
Total	77,691	78,645

Percentage:

Paying patients	55+	58+
Part paying patients	20—	18—
Free patients	25—	24+
Total	100	100

Average patients per day:

Paying patients	118—	125+
Part paying patients	42+	39—
Free patients	53—	52—
Total	213—	216—

Average time per patient in hospital	17+days	17+days
Daily average cost per patient	\$7.25—	\$7.05+
Daily cost per capita for provisions for all persons supported .....	.48—	.48+

Patients were admitted as follows:

Paying regular rate	2,694	2,832
Paying less than regular rate ..	761	682
Free	1,068	1,093
Total	4,523	4,607

PETER BENT BRIGHAM HOSPITAL

OUT-DOOR DEPARTMENT

	1928	1927
Number of new cases treated	8,164	7,699
Medical	4,004	3,610
Surgical	3,939	3,874
Urological	221	215
Number of visits	57,162	60,671
Medical	32,101	32,312
Surgical	20,989	24,025
Urological	4,072	4,334
Cost of maintenance of Out-Door Department	\$42,276.58	\$35,696.05
Daily average cost per patient .....	.74—	.59—

AMBULANCE

Ambulance calls during the year	511	601
Average calls per day	1+	2—
Mileage for patients	3,125	3,460
Other business	2,082	1,738
	<hr/>	<hr/>
Total mileage	5,207	5,198

REPORT OF THE SUPERINTENDENT

Table III

Year	Expenses	Receipts	Number of pa- tients admitted to wards	Total days' treatment	Average stay in hospital	Average cost per day per house patient	Daily cost per capita for pro- visions per day	OUT-DOOR DEPARTMENT				Average cost per visit
								Cost of maintenance	New cases treated	Visits		
1913	\$190,510.41	\$36,571.58	1,370	25,157	20—days	\$7.02—	\$0.53—	\$10,081.39	8,347	30,434	\$0.33+	
1914	256,423.25	69,251.23	2,843	49,295	17+days	5.15+	.35—	12,108.39	8,536	36,523	.33+	
1915	269,913.46	88,651.55	3,417	60,242	18—days	4.48—	.33+	16,551.07	9,810	47,687	.35—	
1916	308,413.81	116,519.00	3,712	65,291	18—days	4.72—	.35—	19,140.56	10,995	53,405	.36—	
1917	324,777.80	138,512.48	3,674	65,129	18—days	4.93+	.40—	18,989.10	7,952	45,153	.43—	
1918	321,547.28	154,026.47	4,025	66,669	17—days	4.81—	.44—	20,557.07	7,631	49,972	.41+	
1919	377,253.15	193,741.63	4,282	65,546	15+days	5.76—	.51—	25,033.43	7,862	49,572	.50+	
1920	453,853.94	262,413.29	4,316	69,541	16+days	6.53—	.59—	25,694.39	7,707	52,116	.49+	
1921	483,921.52	301,918.05	4,315	68,556	16—days	7.06—	.47—	28,157.67	8,111	58,014	.49—	
1922	492,676.00	325,667.28	4,685	70,695	15+days	6.97—	.45+	29,510.51	8,801	57,967	.51—	
1923	540,524.41	367,369.45	4,775	74,854	16—days	*6.64—	.47—	32,218.89	8,846	59,336	.54+	
1924	535,531.70	354,083.78	4,658	72,539	16—days	*6.83—	.46+	33,753.42	7,081	60,291	.56—	
1925	557,252.24	365,749.62	4,422	72,411	16+days	*7.12—	.48+	36,188.43	6,192	55,632	.65+	
1926	578,207.16	389,781.57	4,402	75,742	17+days	*6.97—	.48—	35,696.05	7,699	60,671	.59—	
1927	620,177.85	412,568.64	4,607	78,645	17+days	*7.05+	.48+	42,276.58	8,164	57,162	.74—	
1928	636,392.29	431,017.71	4,523	77,691	17+days	*7.25—	.48—					

* 1923, 1924, 1925, 1926, 1927 and 1928 do not include the cost of special nurses.

PETER BENT BRIGHAM HOSPITAL

Table IV

Expense and Revenue Statement

ADMINISTRATION EXPENSES

	1928	1927
Salaries, officers and clerks	\$33,882.79	\$ 35,393.96
Office expenses	116.50	
Stationery, printing and postage	7,630.84	6,421.64
Telephone and telegraph ..	9,637.98	9,672.81
Liability insurance	2,529.50	1,235.39
Miscellaneous	1,934.00	2,165.49
Total administration expenses	\$ 55,731.61	\$ 54,889.29

PROFESSIONAL CARE OF PATIENTS

Salaries and Wages:		
Physicians and surgeons	\$23,866.04	\$ 23,365.59
Sup't of nurses and assistants	9,108.43	9,625.18
Nurses	17,986.74	17,505.67
Special nurses	73,350.91	65,707.12
Orderlies	8,486.09	8,134.99
Druggists	6,757.23	6,789.12
Ward employees	10,828.00	10,143.51
Clerks	14,595.46	14,352.51
Instrument repairs	858.00	854.00
	\$165,836.90	\$156,477.69
Training School:		
Salaries of instructors ..	\$ 4,712.04	\$ 4,490.02
Supplies	3,359.64	5,039.73
	\$ 8,071.68	\$ 9,529.75
Medical and Surgical Supplies:		
Apparatus and instruments	\$ 6,259.30	\$ 4,041.59
Medical and surgical supplies	29,115.56	29,842.64
Alcohol, liquors and wines	1,721.11	1,241.77
	\$ 37,095.97	\$ 35,126.00
Amounts carried forward	\$211,004.55	\$201,133.44

REPORT OF THE SUPERINTENDENT

	1928	1927
<i>Amounts brought forward</i>	\$211,004.55	\$201,133.44
Out-Door Department:		
Wages	\$14,486.44	\$ 12,974.27
Supplies	14,577.84	11,223.57
	<u>\$ 29,064.28</u>	<u>\$ 24,197.84</u>
X-ray Service and Photography:		
Salaries and wages	\$19,443.26	\$ 17,357.03
Supplies	18,883.20	21,040.39
	<u>\$ 38,326.46</u>	<u>\$ 38,397.42</u>
Library	\$ 800.00	\$ 800.00
	<u></u>	<u></u>
Total professional care of patient's expenses	\$279,195.29	\$264,528.70

DEPARTMENT EXPENSES

Ambulance:		
Labor	\$ 3,079.07	\$ 3,141.00
Supplies	1,399.34	731.56
	<u>\$ 4,478.41</u>	<u>\$ 3,872.56</u>
Laboratories:		
Labor	\$16,126.31	\$ 16,108.91
Supplies	7,824.39	7,969.18
	<u>\$ 23,950.70</u>	<u>\$ 24,078.09</u>
Housekeeping:		
Labor	\$34,602.05	\$ 34,447.00
Supplies	14,566.10	12,708.24
	<u>\$ 49,168.15</u>	<u>\$ 47,155.24</u>
Kitchen:		
Labor	\$15,131.16	\$ 15,540.03
Supplies	1,104.00	1,319.28
	<u>\$ 16,235.16</u>	<u>\$ 16,859.31</u>
Laundry:		
Labor	\$10,576.00	\$ 10,645.19
Supplies	1,664.73	\$ 2,239.78
	<u>\$ 12,240.73</u>	<u>\$ 12,884.97</u>
Steward's Department:		
Labor	\$ 3,871.47	\$ 3,979.38
Provisions:		
Bread	2,430.06	2,040.98
	<u></u>	<u></u>
<i>Amounts carried forward</i>	\$ 6,301.53 \$106,073.15	\$ 6,020.36 \$104,850.17

PETER BENT BRIGHAM HOSPITAL

	1928	1927
<i>Amounts brought forward</i>	\$ 6,301.53 \$106,073.15	\$ 6,020.36 \$104,850.17
Milk and cream	19,934.59	19,964.46
Groceries	20,068.42	20,310.38
Butter and eggs	15,356.98	14,863.64
Fruit and vegetables ..	12,099.95	12,501.67
Meat, poultry and fish	30,910.34	28,380.52
	<hr/> \$104,671.81	<hr/> \$102,041.03
Total department expenses	\$210,744.96	\$206,891.20

GENERAL HOUSE AND PROPERTY EXPENSES

Electric department	\$ 4,472.29	\$ 4,388.98
Heat, light and power	57,151.86	55,726.35
Fuel		36.00
Gas	3,645.11	3,774.61
Ice	43.20	232.80
Insurance	286.25	4,618.44
Water	3,905.36	3,830.28
Maintenance, real estate and buildings	14,446.18	13,671.80
Maintenance, machinery and tools	84.47	163.59
Plumbing and steam fitting	6,685.71	7,425.81
	<hr/>	<hr/>
Total general house and property ex- penses	\$ 90,720.43	\$ 93,868.66

EXPENSES FROM SPECIAL FUNDS

Permanent Charity Fund..	\$ 2,525.00	\$ 2,562.50
Social Service Fund	5,902.69	6,240.95
Diabetic Research Fund ..	573.71	297.46
Gray Fund	6,707.26	11,663.09
Reynolds Scholarship Fund	125.00	125.00
Fiction Library Fund	12.56	123.64
	<hr/>	<hr/>
Total expenses from Special Funds	\$ 15,846.22	\$ 21,012.64

CORPORATION EXPENSES

Salaries, officers and clerks	\$ 1,000.00	\$ 1,000.00
Miscellaneous	562.00	490.00
	<hr/>	<hr/>
Total corporation ex- penses	\$ 1,562.00	\$ 1,490.00

REPORT OF THE SUPERINTENDENT

CAPITAL EXPENDITURES

	1928	1927
X-ray equipment (credit) \$	228.01	.....
O. D. D. alterations	3,724.85	.....
Ward A. Ground .....	.....	\$ 273.57
O. D. D. third floor .....	.....	348.80
	<hr/>	<hr/>
Total capital expenditures	\$ 3,496.84	\$ 622.37

SUMMARY

EXPENSES

	1928	1927
Total administration expenses	\$ 55,731.61	\$ 54,889.29
Total professional care of patients expenses	279,195.29	264,528.70
Total department expenses	210,744.96	206,891.20
Total general house and property expenses	90,720.43	93,868.66
	<hr/>	<hr/>
Total hospital expenses	\$636,392.29	\$620,177.85
Corporation expenses	1,562.00	1,490.00
Capital expenditures	3,496.84	622.37
	<hr/>	<hr/>
	\$641,451.13	\$622,290.22
SPECIAL FUNDS:		
Permanent Charity Fund	\$ 2,525.00	\$ 2,562.50
Social Service Fund	5,902.69	6,240.95
Diabetic Research Fund	573.71	297.46
Fiction Library Fund	12.56	123.64
Gray Fund	6,707.26	11,663.09
Reynolds Scholarship Fund	125.00	125.00
	<hr/>	<hr/>
Grand total	\$657,297.35	\$643,302.86

REVENUE

Administration receipts ..	\$ 2,059.17	\$ 1,732.72
Professional care of patients:		
Board of private room patients	\$111,935.38	\$108,566.35
Board of ward pay patients	104,399.60	111,065.65
Special nurses	86,415.91	78,357.43
Out-Door Department .	42,556.06	35,195.31
Photography and X-ray	47,808.76	44,290.75
Miscellaneous	33,847.63	31,249.92
	<hr/>	<hr/>
	\$426,963.34	\$408,725.41
	<hr/>	<hr/>
<i>Amounts carried forward</i>	\$429,022.51	\$410,458.13

PETER BENT BRIGHAM HOSPITAL

	1928	1927
<i>Amounts brought forward</i>	\$429,022.51	\$410,458.13
Department Receipts:		
Ambulance	\$ 1,892.12	\$ 2,051.35
Miscellaneous	103.08	59.16
	<u>\$ 1,995.20</u>	<u>\$ 2,110.51</u>
Total hospital receipts	\$431,017.71	\$412,568.64
Cash from Treasurer:		
Current expenses	\$206,936.58	\$209,099.21
Reynolds Scholarship Fund	125.00	125.00
Permanent Charity Fund	2,525.00	2,562.50
Social Service Fund ..	5,902.69	6,240.95
Diabetic Research Fund	573.71	297.46
Gray Fund	6,707.26	11,663.09
Fiction Library Fund ..	12.56	123.64
Additional Equipment:		
Out-Door Department	3,724.85	348.80
Ward A Ground		273.57
X-ray equipment		
(credit)	228.01	
	<u>\$226,279.64</u>	<u>\$230,734.22</u>
Grand total	\$657,297.35	\$643,302.86

Statement of the Stock on Hand

	1928	1927
Administration supplies	\$ 3,955.10	\$ 3,493.75
Professional care of patients' supplies	17,511.13	17,487.31
Department supplies	27,395.11	31,824.91
General house and property supplies	1,741.81	1,597.59
	<hr/>	<hr/>
	\$50,603.15	\$54,403.56

Report of the Roentgenologist

WHEN Wilhelm Konrad Roentgen announced the discovery of "X-rays" in December, 1895, the medical world was quick to seize upon this important discovery and to seek application of and use for these unknown modalities. It was immediately realized that many physicists had been producing X-rays in their own laboratories without knowing it, for at that time many men were experimenting with those peculiar cathode-ray tubes invented by Hittorf, Lenard and Crookes.*

It was an easy matter, therefore, to duplicate Roentgen's announced results in any laboratory of physics, and in Boston the first X-rays were taken the day after Roentgen's report was received. The honor of being the first one to make an X-ray "photograph" probably goes to Professor Trowbridge of Harvard, possibly to Professor Lawrence at Tech. The first clinical use of the X-rays in Boston was by Dr. Francis H. Williams or Dr. E. A. Codman, and the first article in the *Boston Medical and Surgical Journal* was by Dr. Williams, in February, 1896, followed shortly by Dr. Codman, in March, 1896. In April, 1896, Dr. Codman was called into court as an "expert witness" in an accident case where X-rays were taken. "Roentgenology," as it came to be known, was thus hatched into full fledged activity in a few short months.

* It was fortunate for us, after all, that Crookes did not discover the reason why his photographic plates were being fogged when he played with his cathode-ray tube. "Roentgenologist" is a name bad enough to carry around—"Crookologist" would have had all of us under suspicion.

REPORT OF THE ROENTGENOLOGIST

One important use of the X-ray, and perhaps the only one which Roentgen did not report in his original article, was announced by Schiff and Freund, who noted its effect upon human tissue, and shortly all manner of diseases were reported as being cured by this new agent. Reports flooded the medical literature and even crept into the lay press, and it was only with the greatest difficulty that the grain could be sifted from the chaff. There followed an exploitation of the X-rays which soon brought discredit upon all forms of X-ray therapy, and the pendulum swung from the height of popularity to the depths of disfavor in the eyes of the thinking men of the medical profession. From this slough of despond the therapeutic application of X-rays has been slowly recovering, simultaneously with that of radium, which passed through the same stages, until it can now be said to be fairly stable, hampered only by some over-enthusiastic proponents. X-rays and radium certainly will never be the cure-all for cancer which they were at first thought to be, but they do have a well-defined place in the medical and surgical armamentarium. In our particular department the therapeutic phase of the work is of minor importance as compared with the diagnostic service, but the past year's record shows a greater number of treatments than ever before. Although our therapeutic work is only 10 per cent of the total work done, it is unique in two aspects: (1) that there are very few dermatological cases treated and (2) that about half of the patients are treated for brain tumors. It is well established that X-rays and radium are of great value in skin diseases—their importance being second perhaps only to mercury; but with no provision for a department of dermatology these cases naturally do

not come to this hospital primarily and only incidental cases are received. On the other hand the value of X-radiation in cases of brain tumors has never been definitely established, chiefly due to the lack of detailed knowledge concerning the histological and embryological structure of these neoplasms. For this reason, during the past three years, following the classification of the gliomas by Bailey and Cushing, this study was undertaken, culminating in a report this year before the American Roentgen Ray Society and publication in their official organ, *The American Journal of Roentgenology and Radium Therapy*. This is a detailed and rather tiresome report and would never make the list of "Best Sellers,"—nor on the other hand would it be apt to be banned for prurient reasons, but it does contain valuable information in that here are listed 62 cases of verified and histologically classified gliomas, all of them having had enough X-ray treatment to afford an opportunity to evaluate its worth. This 60-page article can be summarized by saying that the law of Bergonie and Tribondeau holds good in these as in other neoplasms—the most embryonic type of cells responding best to the X-rays while the more adult and more slowly growing tumors respond the least. This is a fortunate arrangement, for the former type has a bad prognosis, and is less suited to surgical removal than the latter type. It may be said that we thus confirm Bailey and Cushing's ideas of evolution of these tumors if we accept the law of Bergonie and Tribondeau, or vice versa if you desire. Several of the medulloblastomas have been made to disappear completely, but as yet we have no proved case of complete cure of any glioma by X-ray treatment alone—our

REPORT OF THE ROENTGENOLOGIST

greatest triumphs being symptomatic relief over periods of years. The other types of brain tumors have not as yet been studied with the same close scrutiny, but from general impressions it would seem that the angiomas respond almost as well as do the more embryonic types of glioma. The pituitary adenomas are also susceptible to radiation and some do quite well under this form of therapy, but again no seeds of investigation have been planted in this fertile field. The actual labor of doing this therapeutic work has been lessened considerably by the new apparatus noted in our last report and by the addition to our staff of a nurse whose full time is spent in actinotherapy and roentgenotherapy. The resulting increase in the amount of work done is, no doubt, directly due to our better facilities, and it is a pleasure to see the prophecies of last year thus fulfilled. However, there is still room for improvement and that discontent which stimulates progress is still present. One avenue which was closed to us by the lack of space, and which has been emphasized this year, is the need for a separate fully-equipped room where original investigations may be carried on. At present all facilities are needed for the routine care of patients, and experimental work must be sandwiched in whenever possible—at times inconvenient to many besides the experimenter. An example of this is the excellent work done by Dr. Truesdale on experimental diaphragmatic hernia, which necessitated use of the fluoroscopic room, and which, therefore, could be done only when it was not being used for gastro-intestinal cases. Fortunately we have reserved Friday afternoons, a precedent long established, and these afternoons were frequently used during the year for this interesting series of observa-

PETER BENT BRIGHAM HOSPITAL

tions. No provision could be made or found, however, for work which Dr. Emery and Dr. Monroe wished to carry on and which was perforce abandoned, although considerable help was given in their series of papers elsewhere reported.

It has seemed to us that our work has tended to assume the proportions of mass production more and more each year, in spite of efforts to the contrary. Our principles have been to individualize each examination but we are being forced by the volume of work to sacrifice this to efficiency. It seemed improbable that there would be more examinations from the wards than there were patients, but such has been the case this year. There were 2360 admissions to the surgical wards and 2490 examinations from these wards; 2163 admissions to the medical wards and 2356 examinations—and neither X-ray nor Alpine treatments were counted in either case. The answer is evident as well as interesting—that more separate examinations are made on each patient than before. As we count them for record purposes, all films taken on one day of one patient count as one examination—though he may have chest, teeth, sinuses and joints. But if he is returned the next day for something else it is a second examination. It has seemed to us, although figures are not available that on the Medical Service there is a tendency to “survey” patients pretty thoroughly with the X-rays when there is any doubt as to the exact cause of symptoms and signs—such sequences as chest, gall bladder (cholecystograms), barium enema and gastro-intestinal series on successive days being not uncommon. This is true as well on the Surgical Service but to a lesser degree, the excess in examinations over patients being made up in

REPORT OF THE ROENTGENOLOGIST

part, at least, by repeated examinations of the same patient to note progress, such as in fractures or in the healing of an empyema. Some of these repetitions were at our request and for scientific interest only (in which case, of course, there was no charge to the patient) as in cases of post-operative massive atelectasis, a study concluded this year but not yet published. There seems to be no feasible way to determine easily how many of the 4500 ward patients admitted during the year were examined, as some were re-admitted, others examined more than once for the same condition, still others examined several times but for different conditions each time, and a mathematician would be needed to solve the difficulties which seem to be equal to the Great Income Tax mystery. We do know that out of the 10,872 "examinations" this year there were 5529 entirely new cases, never before registered or voting in the department. A safe estimate of 25 per cent of the others would be new examinations on old patients, the others being duplications or repetitions. This would suggest that the previous estimate that at least 80 per cent of all patients in the hospital are examined in our department is essentially correct.

To revert to history, it is interesting to speculate what would have happened if each specialty had adopted its own particular phase of roentgenology as its own, as was done in England when there were separate departments for "Medical X-rays" and "Surgical X-rays"—not only that but Therapy was divided from Diagnosis and Dermatology took its own work away from Therapy. Here enters the whole question as to centralization or decentralization; individual effort or cooperation; unity, federation or independence; and if, as the Surgeon-in-Chief has pointed out, it is wise for

PETER BENT BRIGHAM HOSPITAL

the surgeon to do his own autopsies and histological examinations, be his own internist, ophthalmologist and neurologist, then the original plan would be preferable. The question is not purely academic, as the specialties are again going through the same channels, but this time with apparatus almost fool-proof, and with much more experience back of them. The orthopedist, the dentist, the gastro-enterologist, urologist and dermatologist now use the field of Roentgenology for their own purposes, chiefly in private practice, but occasionally in large institutions where the amount of work in each department justifies separate installations. Shall we install fluoroscopes on the medical wards for routine survey of each patient's chest and teach each House Officer to use them as they do their stethoscopes? And on the Surgical Service shall we provide machines for the diagnosis of ulcers of the stomach or fractures, or shall we remain centralized? Experience seems to point toward the latter as preferable, at least in a hospital of this size—and even in one of the large hospitals in an adjacent metropolis the separation of work has not been satisfactory. The answer seems to be that as long as we remain approximately of our present size as a hospital, then the single centralized department is best, and it must be the duty of the Roentgenologist to keep in touch with the advances in each medical and surgical specialty as far as possible, and at the very least as much as it affects his own field of diagnosis and therapy. It is also the duty of the internist and surgeon to keep themselves informed of the advances and progress in our specialty, and this double necessity is facilitated by our weekly interchanges at the "X-ray Conferences." Here we all consider informally the interesting or in-

REPORT OF THE ROENTGENOLOGIST

structive cases, or a group of cases, or a new method, which appear during the week or which have been saved up during vacations. The clinical history, physical examination, X-rays, operation, histological or pathological reports are all considered and discussed in front of the House Officers and fourth-year students, and the value or occasionally the error of our method is emphasized. We demonstrate our mistakes as well as our triumphs and there is a free give and take at all times. It is more blessed to give than to take, but we are often in the unblessed state of taking a licking and only occasionally giving one. The method seems to be of considerable value in bringing the fundamental principles of roentgenological diagnosis before the students and House Officers; and the members of the staff who examine applicants for positions as House Officers find that as a rule our men know more about X-ray diagnosis than do most of the Auslanders. The problem of the teaching of Roentgenology, and the allied problem of the proper position of the Roentgenologist in the hospital were recently brought up before the Annual Congress on Medical Education, and many excellent recommendations were put forth, chiefly as to housing, training, status of the director, equipment and records, but there was but little said about the available means of securing cooperation, and I can recommend from personal experience this weekly form of conference as one of the best means to this end. Of course, if all the hospitals were founded and run as ours is run, there would be no "problem," but most of the Medical World cannot be adapted to our unique "full time" system. As regards formal instruction of medical students in the subject of roentgenological diagnosis, we found in a

PETER BENT BRIGHAM HOSPITAL

recent survey that Harvard devoted less time than was the average elsewhere in the country—the required work here being only 18 hours during the third and fourth years, as compared with 30 hours required on the average by 58 Class A Medical Schools, and several schools used the X-ray to advantage in the teaching of Anatomy, Physiology and Pathology in the first two years. Similarly in 23 of these schools Roentgenology was classed as a separate department, and the head of the department was a full professor. In 21 the department was under Surgery, in eight under Medicine and in five others it was lost in miscellaneous departments such as “therapeutics,” dermatology or orthopedics. In the hospital ours is a separate department but in the Medical School we are under Surgery, although we do just as much work for Medicine. It is planned to transfer the X-ray department to Medicine next year—our father, Surgery, and stepmother, Medicine, being agreeable—in the hope that there will be more formal recognition of the value of our method of diagnosis in the teaching of students, and in the hope that there will be a definite budget and proper salaries allotted. The average rank of the teachers in Roentgenology at Harvard was raised one notch this year, the head of this department being made Assistant Professor of Roentgenology. This was done on the recommendation of Dr. Christian, who is always a friend of this department and with the support of Dr. Cushing, who might have been one of us had he continued some of his early experiments with Dr. Codman.

The plan reported last year of a two-year service in this department (the first year as House Officer and the second year as Assistant Resident), has worked

REPORT OF THE ROENTGENOLOGIST

out quite satisfactorily, except for the defection of one appointee from the Far West—so far West that he was out of reach, fortunately. Dr. Fetner completed his second year in September and has entered a partnership in Charlotte, North Carolina. Dr. Dyke was raised to the rank of Assistant Resident on July 1st to take his place, and the vacancy was filled temporarily by Dr. C. D. Rublee, from Newport, Vermont. Dr. P. Muangman completed a nine-months volunteer assistantship in July and has returned to Bangkok, Siam, to take charge of the New X-ray Department in the government hospital. The positions for next year and for 1930 are all filled, which attests to the value as well as the popularity of this plan.

Other changes in the personnel in addition to the usual ones of progression of House Officers have occurred this year. Miss Munro, having succumbed to the Wanderlust after a steady and faithful service as executive nurse for six years, is now located in California, but still doing X-ray work. We were fortunate in securing the services of Mrs. Smith, formerly head nurse on D-m, for this vacancy. Mr. Patterson resigned in September to enter private employ, and his place was filled by Mr. Gerard, who acquired his training at the Children's Hospital.

One of the brightest spots of the whole year was that cold and rainy week-end in April when the fifteenth birthday of our hospital was fittingly celebrated both professionally and socially. All of the former Roentgenologists attended with the exception of Dr. Alfred Luger, first incumbent, 1913 to 1914, and he alone has seen the error of his ways and turned from darkness and the casting of "horoscopes" to the practice of internal medicine in his native city of Vienna.

PETER BENT BRIGHAM HOSPITAL

Many of the former House Officers in Roentgenology were also in attendance and we contributed a small part to the professional program and to the amateur entertainment. In spite of the inclement weather the reunion was a great success and it is certain that all who partook of the healing waters in this Fountain of Youth in Suffolk County will plan to attend the twentieth birthday celebration which is approaching with great rapidity.

In summary we may report a popular year pedagogically, a profitable year financially, an augmented year numerically, and a successful year professionally.

TABULATION OF DATA, TEN CONSECUTIVE YEARS

YEAR	Ward Cases	O. D. D. Cases	Private	All Others	Totals	X-ray Treatments	Films Taken	Dental Films	Alpine Lamp Treatments
1919	2,511	2,812	143	136	5,602	43	11,067	2,200	....
1920	2,919	2,896	409	140	6,364	609	7,180	942	....
1921	3,076	3,038	579	195	6,888	739	11,404	1,850	....
1922	3,200	3,207	698	191	7,296	629	13,696	2,457	....
1923	3,702	2,835	960	210	7,707	764	14,144	2,506	467
1924	3,869	3,283	1,031	200	8,383	916	15,408	3,530	1,097
1925	3,948	3,479	1,163	228	8,818	809	18,366	2,905	1,487
1926	4,299	3,420	1,269	214	9,202	618	21,575	2,928	765
1927	4,307	3,924	1,061	477	9,769	490	24,270	3,019	1,264
1928	4,846	4,307	1,112	607	10,872	1,162	26,172	2,941	1,719

M. C. SOSMAN,
Roentgenologist.

DECEMBER 31, 1928.

Report of the School of Nursing

THE year ends with the following staff of graduate and student nurses:

Superintendent of Nurses	1
Assistant Superintendent of Nurses	1
Instructors	2
Supervisors	4
Night Supervisors	2
Graduate Head Nurses, Assistants in Department and Substitutes	19½
Graduate Nurse Anesthetists	3
Masseuse	1
Student Nurses	105
Preliminary Students	29
	<hr/>
	167½

There have been fourteen affiliating students from the Children's Hospital throughout the year for six-month periods.

Fifty-six students entered during the year. Forty-six graduated and nineteen have withdrawn.

The total number of sick days were 1392 with daily average enrollment of students 140.

One thousand letters of inquiry from candidates interested in the school were received.

In the combined five-year course with Simmons College three students have graduated and six have entered.

Graduation for the thirteenth class occurred October 29 in Vanderbilt Hall with Mr. Irvin McD. Gar-

PETER BENT BRIGHAM HOSPITAL

field, a member of the corporation, presiding. The address of the evening was made by Thomas Hayes Procter, Professor of Philosophy, Wellesley College. The subject was "Spiritual Living."

The Dr. John P. Reynolds gold medal was awarded to Susan Florence McGraw.

The John P. Reynolds scholarship was awarded to Grace Emery Slipp with an average of 95.8 per cent.

There have been a number of important and significant changes on the staff. Mabel MacVicker, P. B. B. H. 1918, for nearly eight years Assistant Superintendent of Nurses, resigned in the spring to go to the New England Deaconess Hospital, Boston, as Superintendent of Nurses. We were sorry to lose her. She had been a great assistant, always loyal and with the interests of the school and hospital at heart. She will be a valuable officer in her new field. She was succeeded by Mary C. Gilmore, P. B. B. H. 1920, who had been surgical supervisor and whose abilities had been well tested. Gertrude M. Gerrard, P. B. B. H. 1915, became surgical supervisor. We regret, also, the loss of Helen M. Blaisdell, P. B. B. H. 1918, for nearly eight years instructor of Nursing Practice and who in that period had become expert in that field, and who left to go to New York as Assistant Superintendent of the New York Skin and Cancer Hospital. She has been succeeded by Cecile E. Authier, P. B. B. H. 1921, who comes to the work with good preparation, experience, and enthusiasm. Katherine Bell, B.S., of Cincinnati University, joined the staff as instructor in science. During the year, Lucy Helen Beal, P. B. B. H. 1919, formerly Medical Supervisor, has become Superintendent of Nurses at the Waterbury Hospital, Waterbury, Connecticut. The placing

REPORT OF THE SCHOOL OF NURSING

of these women in these positions is evidence that the school is no longer in its infancy. It is not now necessary to reply to those who are looking for experienced women to fill positions that this school is so young that we have none of that type. We now have a body of alumnae, many of whom are skilled nurses, women of experience and judgment and fitted to occupy some of the very important positions which need filling. Not only as individuals but as a group has the Alumnae Association demonstrated its worth. This year it has placed in the hands of the trustees as an endowed bed fund, the sum of \$5000, which has been raised by the members of the Alumnae Association for the care of nurses who are ill and who are self-supporting members of the Association.

The fifteenth anniversary reunion on April 26, 27 and 28 brought back many of our graduates. While profoundly scientific papers and discussions were being presented in the large classroom by the medical profession, the nurses put on a program in the small classroom. A good picture of nursing in the "General Hospital at Port au Prince in Haiti," by Cecile Authier 1921, the opportunities for "Nurses in X-ray Work," by Christine McDonald 1920, chief in X-ray Department of Rockefeller Institute, New York, and a glimpse of the problems of "The Industrial Nurse," by Eva E. Gaboury, P. B. B. H. 1915, industrial nurse with the R. H. White Company, were graphically presented. Nurses are essentially doers. The skilled hand, however, must be directed by the intelligent mind. These papers showed plainly, well-developed powers of observation, keen perception, ability to correlate and the will to do. The topics were diversified and hinted at the wide range of interests and employ-

ment of our graduates. Each year more of our women undertake further preparation and advanced work. The problems which they meet in their daily jobs challenge them to such a degree that they seek help in further preparation.

It is apparent to many that the present system of training nurses is outgrown.

More than half a century ago, training schools for nursing were established for two reasons—to improve nursing in hospitals, which was of the “Sairey Gamp” type and to provide trained women for the care of the sick in their homes. Hospital authorities at first did not welcome the plan. In a surprisingly short time they recognized the improvement in nursing care and hospital housekeeping. With only a little teaching this improvement was manifest. Very soon the student nurse came to be indispensable and an economic asset to the hospital. As hospitals multiplied training schools developed in number and size to meet the need. As scientific investigation provided new knowledge it became necessary to increase her teaching and give the nurse more technical knowledge. New demands have required new skills. The content of the curriculum has been greatly increased. Instruction becomes more and more costly. This gradual development has come to be the generally accepted system of nursing education. Today at least one-third of the hospitals of the country are nursed by student groups. This one-third includes the majority of the so-called best hospitals. In order to secure students enough to do the work of these great institutions, entrance requirements, both in age and education have been lowered, until today we find the load of nursing

REPORT OF THE SCHOOL OF NURSING

work in our hospitals being carried by a group of inexperienced young girls averaging about twenty years of age. More and more patients, both rich and poor, and of every class are availing themselves of hospital care when sick. With the exactness of many of the scientific requirements for the nursing care of the sick, at present and the safety of patients in mind it is unthinkable that so large a proportion of patients should be subjected to the care of an unskilled group of young girls. It is impossible to have a stable nursing service with an all-student service. Graduate supervision is a help but not enough to stabilize the service.

Last year I referred to the work of the committee which is working upon the project of grading schools of nursing. The committee is composed of representatives of the outstanding medical, nursing, hospital and public health organizations of the country. It is carrying on a five-year program on a \$200,000 budget. During the year the report of its preliminary studies has been published. It gives definite figures with relation to production and to supply and demand of nurses for nursing service. It points out the rapid growth of schools of nursing from fifteen in the year 1880 to over two thousand in 1928. It shows the surplus of graduates, the lack of employment, low education requirements for entrance in too many schools, the consequent disrepute brought by the under-educated group to the profession as a whole, and the need for quality in nursing service rather than quantity.

Student enrollment is based entirely on hospital needs, whereas it should be limited by the numbers which may be absorbed into the communities and find employment and economic support.

PETER BENT BRIGHAM HOSPITAL

As a result of the findings of the study, the Grading Committee last April unanimously adopted the following resolutions:

“1. No hospital should be expected to bear the cost of nursing education out of funds collected for the care of the sick. The education of nurses is as much a public responsibility as is the education of physicians, public school teachers, librarians, ministers, lawyers, and other students planning to engage in professional public service, and the cost of such education should come, not out of the hospital budget, but from private or public funds.”

“2. The fact that a hospital is faced with serious financial difficulties should have no bearing upon whether or not it will conduct a school of nursing. The need of a hospital for cheap labor should not be considered a legitimate argument for maintaining such a school. The decision as to whether or not a school of nursing should be conducted in cooperation with a given hospital should be based solely upon the kinds and amounts of educational experience which that hospital is prepared to offer.”

To translate these resolutions into action and to produce quality in nursing service implies the following four tasks as stated in the report:

1. To reduce and improve the supply of nurses.
2. To replace students with graduates (in some hospitals entirely, in others in part).
3. To help hospitals meet costs of graduate service.
4. To get public support for nursing education.

Reforms are not brought about in a day. To accomplish those four tasks means the uprooting of the present well-entrenched apprenticeship system and the securing of separate endowments for schools of nurs-

REPORT OF THE SCHOOL OF NURSING

ing. Hospitals such as this might well consider the plan of safeguarding the nursing care of its sick with a basic graduate nursing service and supplemented by a student group. I believe the time has come for this hospital to give careful consideration to some plan for a new system of nursing education and to the financing of it. There is a group of persons interested in such a project representing Simmons College, Schools of Nursing, The Public Health Group, The Medical Profession, General Education and the Community. With the cooperation and consent of the hospital trustees such a group would stand ready to at least make an attempt to secure necessary funds for a sounder method of nurse education.

CARRIE M. HALL, R.N.,
*Superintendent of Nurses
and Principal, School of Nursing.*

DECEMBER 31, 1928.

Report of the Social Service Department

DR. B. HENRY MASON, Superintendent of the Waterbury Hospital, Waterbury, Connecticut, formerly first assistant superintendent of the Peter Bent Brigham Hospital, wrote to this department last spring asking for a worker to organize and develop medical social work in the Waterbury Hospital. It was most gratifying to receive a request of this kind from one who had had so responsible a position in this hospital.

Because so much depends on having a medical social service department organized by a well-trained worker with considerable experience, we crippled our own department in order to let Miss Mina M. Brown go to Waterbury. Miss Brown has been an invaluable worker, loyal and true, never hesitating to spend time and energy if she could solve some patient's problem. However, a department like our own should stand ready to send our older experienced workers into other communities to help develop the work along the right lines.

Owing to lack of funds, we have not had a full-time worker for the Surgical Clinic since October 1st. The other workers have tried to cover this service but it has been impossible to carry the same number of patients as last year. It is expected that there will be another worker by the first of next year.

We also lost another excellent worker in Miss Ellen L. Taylor who was married in September. Her place was filled by Miss Dorothy Hite, also a graduate of

REPORT OF THE SOCIAL SERVICE DEPARTMENT

Simmons College School of Social Work, but only for a few months as Miss Hite suffered a great loss in the death of her mother and was called home. Miss Margery Crothers, formerly with the Family Welfare Society, is now a worker on the Medical Service.

The Director of the Social Service Department attended the International Congress of Social Work at Paris last summer as an official delegate of the American Association of Hospital Social Workers.

As in previous years, students from Simmons College School of Social Work have been given supervised field work.

Again it is necessary to call attention to the need of more workers if high standards are to be maintained. Funds for special study are much needed and it is earnestly desired that money be given for this purpose.

SOCIAL WORK IN THE CARDIAC CLINIC

The work in the Cardiac Clinic has progressed during the past year with little change in its policies. As heretofore, the types of heart disease accepted for treatment in the clinic have been chiefly those of rheumatic origin. Post rheumatic fever or choreic patients with or without heart damage are also followed and in addition, cases of angina pectoris and those with unusual rhythm disturbance.

The clinic is largely composed of the younger, more hopeful group of cardiacs for whom on the whole constructive social plans may best be made and carried out. The total membership of the clinic is steadily increasing and the close of the year shows an active membership of 327; a few of these patients having been regular attendants at the clinic since 1919. The

PETER BENT BRIGHAM HOSPITAL

average clinic attendance has increased from sixteen to seventeen, during the year.

The social problems continue to be those of improving the patients' housing, school and work conditions whenever necessary and the making of satisfactory arrangements for hospital, nursing home or convalescent care. These problems are not limited to the cardiac patient alone but extend to the other members of the patient's family as well.

In the past year fifty-seven members of the clinic were referred to suitable agencies for advice and assistance in finding employment. The Placement Bureau of the Public Schools; the Rehabilitation Section at the State House; the Clearing House of the Women's Educational and Industrial Union and the Division of the Handicapped of the Industrial Aid Society, were among the agencies giving definite help in this way.

During the summer, twenty-seven cardiac patients were sent to either convalescent or vacation homes for the rest or recreation prescribed by the doctor.

The social worker in the Cardiac Clinic again this year cooperated with the Simmons College School of Social Work in discussing for an afternoon with fourteen members of the Summer Institute, the technique of social work in the Cardiac Clinic and the casework problems arising within it.

A survey of several aspects of the social situation of one hundred boys and girls in the Cardiac Clinic has been made during the past year and the following facts were ascertained. The families varied in size from one to eleven members with the income ranging from \$15 to \$98 as shown in the following table:

REPORT OF THE SOCIAL SERVICE DEPARTMENT

	Early Environment	Intelligence of Parents	Location	Housing	Hygiene
Excellent	7	4	7	8	4
Good	17	41	34	31	37
Fair	22	30	27	28	32
Poor	54	25	32	33	27

SCHOOL STATUS VARIATION FROM NORMAL

4 patients were 1 grade in advance of normal
 43 patients were in normal grade
 25 patients were 1 year behind normal grade
 13 patients were 2 years behind normal grade
 8 patients were 3 years behind normal grade
 7 patients were 4 years behind normal grade

In the last two instances, either language difficulty or prolonged bed care accounted in a large part for the backward school record.

PETER BENT BRIGHAM HOSPITAL

TOTAL INCOME

Number of Families	Number of Members in Each Family	TOTAL INCOME											Overseers or Outside Aid
		\$15-20	\$20-25	\$25-30	\$30-35	\$35-40	\$40-45	\$45-50	\$50	\$55-60	\$60	\$65	\$65-70
1	1	1	..	..	..	..	..	..	..	..	..	..	..
1	2	..	..	1	..	..	..	..	..	..	..	..	..
10	3	..	..	1	3	..	..	..	3	..	..	..	..
17	4	1	2	3	1	5	2	1	..	..	..	..	3
19	5	..	2	..	5	6	3	1	..	1	..	..	1
19	6	..	..	2	6	3	1	2	1	1	1	1	..
14	7	..	..	1	1	2	2	2	1	..	1	2	..
8	8	1*	..	..	3	1	1	1	..	..	..	1	*Plus Aid
8	9	..	..	1	..	..	1	..	1	1	2	..	2
2	10	..	..	..	1	1	..	..	..	..	..	..	..
1	11	..	..	..	..	..	..	..	..	..	..	..	1
100	..	3	4	9	20	18	10	7	6	3	4	4	6

In the six families whose total income is between \$65 and \$70, the entire amount is not available for the household budget as it includes earnings of older sons and daughters who keep a certain portion of their wages for their personal use.

One of the six families contains eleven members; two contain nine. The family of four members is supported by a son and daughter who in addition are contributing to the care of their father outside the home.

REPORT OF THE SOCIAL SERVICE DEPARTMENT

In looking ahead towards happier social and economic conditions for our cardiac patients, several needs are evident. Perhaps the first is the frequently cited one of a much-needed convalescent home for boys and men. There is still no available place in Boston for these patients at the present time. Next, the hope of the early establishment of the already proposed "Sheltered Workshop" in which cardiac patients may be given employment at a small wage pending their possible ultimate return to regular industry. In addition, wider opportunities for home work with pay for home-bound cardiacs, would do much to renew courage and create interests for many disheartened cardiac patients. It is earnestly hoped that the coming year may see the development of these plans. Following is appended the statistics of the Cardiac Clinic for the past year:

Cases brought forward from January 1, 1928	273
New cases referred	121
Reinstated	12
	—
Total membership during year	406
	—
Closed during year	79
	—
Present attendance January 1, 1929	327
Total number of visits to clinic	872
Average number at clinic	17
Largest number at any one time	25
Smallest number at any one time	6
Of the 121 new cases referred, (age division being made at 18 years) there were:	
15 men, 46 women, 21 boys, 39 girls.	
Referred from Medical O. D. D.	79
Referred from House Medical	13
Referred from outside (including T. C. H.)	29

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Died during the year 8

Of the 79 closed cases :

Eight died. One was found ineligible for Cardiac Clinic after examination. Six were transferred to other hospitals. Twenty-three were to be followed in Medical O. D. D. One moved away leaving no address. Sixteen failed to respond to letters, postcards and calls. Nine proved uncooperative. Eleven were discharged to L. M. D. Letters from three patients were returned unclaimed and one patient moved too far away from Boston to attend clinic.

Of the present clinic of 327 members, there are :

44 men, 105 women, 82 boys, 96 girls.

LUETIC CLINIC

There has been an increase of 1082 visits of luetic patients to the Out-Door Department for treatment the past year. The treatment of these patients has become a much more complicated one, as the arsphe-
namine treatment which was formerly given in the House is now given in the Out-Door Department. Injections of mercury, bismuth and bismarsen are also given at this time. This present arrangement is of economic advantage to the patients, as formerly they were obliged to stay overnight in the hospital and pay the hospital rates whenever able.

The giving of intravenous treatment in the Out-Door Department entails a great deal of work. All patients are followed very closely by the social worker. Those who do not return weekly are sent follow-up letters and if they do not respond to them, calls are made at the home. Without regular treatment the best results are not obtained and moreover the arsphe-
namine is expensive to prepare and a total waste if not used.

REPORT OF THE SOCIAL SERVICE DEPARTMENT

All the infectious cases are reported by number to the Board of Health. If patients are infectious, they are sent into the hospital for treatment until the infectious stage is over. All the members of the patients' families are asked to have a blood test; the children are sent to The Children's Hospital for this test. The prognosis is most favorable in the cases of early syphilis and it is with these that the best results in treatment are obtained.

Total number of patients for 1928	458
Men—274	Women—184
99 single	47 single
169 married	117 married
7 widowed	20 widowed
2 divorced	2 divorced
229 white	150 white
45 colored	35 colored
New patients during the year	159
Men—106	Women—53
Number of patients now active	336
Discharged	50
Transferred to other hospitals	28
Transferred to private doctors	20
Died	2
Total number of letters sent	729
First letters	90
Second letters	1
Third letters	19
Special Wednesday clinic letters	619
Reported to Board of Health:	
New patients	12
By name for having lapsed treatment	3
Number of visits made to the clinic during the year—	3,690

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Total number of G. C. patients for 1928	198
Men—171	Women—27
87 single	12 single
80 married	13 married
4 widowed	1 widowed
0 divorced	1 divorced
144 white	24 white
27 colored	3 colored
New patients during the year	85
Men—73	Women—12
Number of patients now active	108
Discharged	38
Probably cured	20
Transferred to another hospital	6
Transferred to private doctors	12
Total number of letters sent	275
Board of Health letter No. 1	33
Board of Health letter No. 2	15
Special G. C. letter	227
Reported to Board of Health:	
New patients	38
By name for having lapsed treatment	22
Number of visits made to the clinic during the year—	1,511

ARTHRITIC CLINIC

The work carried on by Dr. Francis C. Hall in the Arthritic Clinic the past year has been most encouraging. About 66 per cent of the patients have shown decided improvement in their arthritic condition and in their general health and 95 per cent were definitely relieved. Since last spring, the clinic meets once a week. The average attendance is fifteen patients, most of whom are moderately advanced cases who have already tried various kinds of treatment with little or no help. All of the patients are followed over

REPORT OF THE SOCIAL SERVICE DEPARTMENT

a period of years. Their diet is closely watched and the amount of rest regulated, according to the individual need.

Cases brought forward	151
New cases referred	30
<hr/>	
Total membership during year	181
Discharged from clinic	8
<hr/>	
Present attendance	173

GENERAL MEDICAL

The worker in the Medical Department tries at least to interview all cases of pulmonary tuberculosis and diabetes, and let patients and the doctors know that she stands ready to help them. She is responsible for all follow-up on these two types of diseases. With tuberculosis cases it is largely a question of explaining about sanatorium care and the need of examination in the local Board of Health Clinics of children in the families. Cases on the wards are, if possible, transferred directly to sanatoria. The diabetic follow-up is largely done by student dietitians assigned to the Social Service Department for a term of weeks but as no student stays over four weeks, the responsibility must be carried by the social worker.

Besides these two types of diseases, there are each month patients suffering from a variety of ills that are referred by the doctors in the House or Out-Door Department. These patients are selected because they need intensive work. The immediate need may be convalescent care. We provide that and ideally should follow the thing through and see why the patient breaks down and attempt to remedy the cause.

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If we had more workers we could go into the situation more fully and do preventive work, getting better results in a larger number of cases.

The outside agencies have been most cooperative in taking up situations and meeting the financial and social difficulties, but there always seems to be a small group for whom the hospital appears to be the logical and natural place to turn for help, and where the patient loses if an attempt is made to divide the medical and social responsibility.

Brought forward January 1, 1928	75
New patients referred	199
Reinstated	36
	<hr/>
Total number during the year	310
Closed	260
	<hr/>
Present number January 1, 1929	50

DIABETIC CLINIC

Brought forward January 1, 1928	362
New patients referred	94
Reinstated	28
	<hr/>
Total number during the year	484
Closed	114
	<hr/>
Present number January 1, 1929	370
Total number of visits to clinic	938
Average number at clinic	19
Largest number at any one time	39
Smallest number at any one time	11
Follow-up letters	456
Visits to homes by dietitian	114

REPORT OF THE SOCIAL SERVICE DEPARTMENT

SURGICAL SERVICE

Brought forward from previous year	98
New patients referred	230
	<hr/>
Total number during the year	328

GOITER CLINIC

Brought forward January 1, 1928	78
New patients referred	50
	<hr/>
Total membership during the year	128
Closed during year	11
	<hr/>
Present attendance January 1, 1929	117

OCCUPATIONAL THERAPY

From January 1st to June 1st, Miss Gladys Willey was in charge of the Occupational Therapy Department. Miss Anna P. Revere returned September 1st, after a leave of absence. The Senior House Officers have been most cooperative in prescribing occupational therapy for their patients and it is felt that on this basis the worker is able to accomplish more therapeutically, whereas in the past the work has been more diversional.

The principal crafts used in the department for the year were knotting, leather work and basketry.

Number of patients referred for Occupational Therapy	127
Number of patients on surgical wards	37
Number of patients on medical wards	90

There were 704 new patients referred to the Social Service Department last year. Four hundred and

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twenty patients were brought forward from the previous year and 53 reinstated, making a total of 1177.

New and reinstated patients were referred from:

	House	O. D. D.	Total
Medical service	145	300	445
Surgical service	148	82	230
Outside agencies .....	..	..	55
Other sources .....	..	..	27

STEERING AND FOLLOW-UP

Luetic clinic follow-up service	729
G. C. clinic follow-up service	275
Outside agencies, steering and follow-up service	282
Visits to homes of patients	780
Follow-up letters and postal cards	2611

Outside charitable agencies have given splendid co-operation the past year. One hundred and twenty-nine patients were sent to St. Luke's Convalescent Home, Chickering House, Jewish Convalescent Home, Farrington Memorial and Country Week. Sixty-two patients needing prolonged hospital care were sent to the Robert Brigham Hospital, the House of the Good Samaritan and Adams Nervine. Forty-one patients were transferred to tuberculosis sanatoria. The Community Health Association and other district nursing organizations were asked to visit sixty patients or more. Twenty-six patients were referred to other hospitals. The Children's Friend Society, the Children's Aid Society and the Children's Mission have assisted in the care of eleven boys and girls. Eighty-four patients were referred to various Family Welfare Societies. Over fifty patients were aided in finding employment or change of employment.

REPORT OF THE SOCIAL SERVICE DEPARTMENT

The Red Cross Motor Service has been of great assistance in bringing patients to and from the hospital, especially in the Arthritic Clinic. An average probably of six trips a week has been made. Three patients were taken by the Red Cross ambulance to the Pondville Hospital in Wrentham. This was a great financial saving to the patient and an otherwise painful journey made pleasant and comfortable.

The sum of \$1960 was raised for special needs. For one patient needing treatment at the Robert Brigham Hospital but ineligible for free treatment there on account of a residence outside of Boston, \$1046 was obtained from the following sources:

Divers Good Causes, Boston Transcript	\$766
Mrs. George P. Hall	200
B. I.	80

For the same treatment for another patient at the Robert Brigham Hospital:

Mrs. Constance Bessey	\$376
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For several patients needing nursing care, convalescent care, dentistry, apparatus, glasses and transportation, \$538 was given by the following:

Lend A Hand Society	\$128.35
Invalid Aid Society	66.65
Weber Charity Fund, Inc.	40.00
Brookline Hospital Relief Fund	96.00
Eckley Fund	25.00
Industrial Aid	12.00
Overseers of Public Welfare	28.00
B. I.	28.00
Church	14.00
Social Service Ladies Committee	100.00

We take this opportunity of gratefully acknowledging the help and assistance given us by the Social

PETER BENT BRIGHAM HOSPITAL

Service Committee the past few years. They have given generously of their time and interest. The Committee had charge of the Christmas celebration on the wards of the hospital, which was enjoyed by patients and members of the hospital staff alike. Also they held a flower show and afternoon tea at the Hunnewell Gardens for the benefit of Social Service and Occupational Therapy.

We also wish to express our appreciation for the financial aid which the Permanent Charity Fund, Inc., has given us.

During the year there has been the same spirit of friendliness and helpfulness throughout the hospital, the same generous cooperation from our fellow agencies in the community.

REPORT OF THE SOCIAL SERVICE DEPARTMENT

STAFF OF WORKERS

General Service

ALICE M. CHENEY, R.N.

Cardiac Clinic

THEKLA ANDREN

KATHARINE A. HOMANS (volunteer)

Surgical Service—Goiter Clinic

MINA M. BROWN (resigned October 1, 1928)

Goiter Clinic

ESTHER W. ATWILL (volunteer)

Medical Service—Diabetic Clinic

ELLEN L. TAYLOR (resigned July 1, 1928)

MARGERY L. CROTHERS (began November 5, 1928)

MRS. F. C. JILLSON (volunteer)

Luetic Clinic—Arthritic Clinic

GERTRUDE ABERCROMBIE

Arthritic Clinic

MARGARET VICKERY (volunteer)

Occupational Therapy

ANNA P. REVERE

Clerical Staff

AGNES F. DAY

ADDIE M. COOLIDGE

APPOINTMENT OFFICE, OUT-DOOR DEPARTMENT

(Salaries paid by hospital and not included in Social Service Budget)

MARY A. SULLIVAN

CONSTANCE R. KELLER

ALICE M. CHENEY, R.N.,

Director Social Service Department.

Report of the Pathologist

THE figures for the department are as follows:

Autopsies, Medical Service	114
Autopsies, done outside for Medical Service ..	1
Autopsies, Surgical Service	43
Autopsies, done outside for Surgical Service ..	2
Autopsies, Neurological Service	41
Autopsies, done outside for Neurological Service	18
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Total number of autopsies recorded	219
General autopsies recorded	183
Neurological autopsies	59
<hr/>	
	242
Recorded autopsies	242
Cases counted twice	23
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Actual total	219
Reports on surgical specimens	1,157
Reports on neurological specimens	186
Reports on bacteriological specimens	2,033
Guinea pig inoculations for suspected tuber- culosis	121
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Total	3,497

There were 332 deaths in the hospital, of which 197 were medical and 90 were surgical and 45 were neurological. Eleven deaths, seven surgical and four medical, were investigated by the Medical Examiner.

REPORT OF THE PATHOLOGIST

The percentage of autopsies for the year after deducting the eleven cases taken over by the Medical Examiner proves to be 59.6 per cent. The percentage of autopsies for the various services after making corrections for autopsies twice entered is:

Medical, 57.9 per cent; Surgical, 47.8 per cent; Neurological, 91.1 per cent.

The number and percentage of autopsies for all years are:

Year	No.	Per cent
1928.....	219.....	59.6
1927.....	196.....	63.4
1926.....	179.....	62.0
1925.....	204.....	70.7
1924.....	177.....	70.0
1923.....	153.....	58.0
1922.....	174.....	68.0
1921.....	158.....	62.8
1920.....	155.....	58.2
1919.....	102.....	40.0
1918.....	145.....	40.0
1917.....	114.....	55.6
1916.....	113.....	49.5
1915.....	101.....	47.6
1913 and 1914.....	147.....	58.5

The number of surgical and bacteriological examinations made each year are:

Year	No.
1928.....	3,497
1927.....	2,821
1926.....	3,101
1925.....	2,613
1924.....	2,819
1923.....	2,708
1922.....	2,391
1921.....	1,984
1920.....	1,826

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1919.....	1,628
1918.....	2,224
1917.....	1,248
1916.....	1,140
1915.....	1,030
1914.....	847

Under existing conditions the Department of Pathology can accomplish little more than routine duties to the Hospital and the training of men in pathology for University and Hospital positions.

With the small personnel, heavy routine and limited space, important research work can rarely be undertaken. The tendencies which have been apparent in our staff owing to the recognition of these conditions is to utilize the resident years for training and cramming in experience and to postpone the investigative work inspired by their hospital work to the less crowded year with greater facilities which awaits them as members of the teaching staff at the Medical School.

More and more the laboratory has become a training school with a record not unworthy of the standing of the Hospital, as most of the former Resident Pathologists hold some grade of professorship in important universities.

The direction of the hospital laboratory by the administrative head of the Medical School Department of Pathology has disadvantages as well as advantages from its Hospital side. The advantages are obvious; presumably always a competent director and the reserves of the Medical School department in professional and technical matters are at all times available as assurance against interruption of work from absences and illnesses. There is also a financial advantage in that salaries are smaller.

REPORT OF THE PATHOLOGIST

The disadvantages are those arising from the divided interests of the director who is compelled to transact University duties and run a separate department in another building. Although theoretically and geographically in the same group with the Brigham Hospital, and supported and cheered by the assumption (or fiction) that when at the hospital I am in the Medical School and *vice versa*, the four and a half minutes' walk between desks is a formidable barrier to the most efficient work. It would be to the advantage of the hospital to have a Pathologist in constant attendance with major interests centered there. With the existing organization this could be achieved only by making the Medical School Department of Pathology and the Brigham Hospital laboratory of Pathology a single institution under one roof, an ideal solution, probably not possible. Another solution would provide for a full-time Pathologist at the Brigham Hospital with Professorial rank but without administrative or major teaching responsibilities in the Medical School. This solution would also require very considerable enlargement of the laboratory in order to provide for the activities to be expected of any worthy incumbent of the position; it would probably receive some support from the Medical School such as is in effect at the Boston City Hospital where this second plan now operates.

These matters are for meditation. They indicate possibilities for increasing the efficiency and prestige of the hospital through more effective service and cooperation with the clinical department and in scientific work.

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PUBLICATIONS

The following articles have been published or completed during the past year:

BENNETT, GRANVILLE A. Splenic atrophy with Calcium and Iron Incrustations (Nodular Splenic Atrophy) Report of a Case. *Archives of Pathology*, vii, page 71, 1929.

— Two Cases of Periarteritis Nodosa, one with unusual Manifestations (Meningeal Form). With Dr. S. A. Levine. *The American Journal of Medical Sciences*, clxxvii, page 853, 1929.

Changes in the staff in the last year are as follows: Dr. J. Mott Rawlings succeeded Dr. Reuben Z. Schulz, July 1, 1928, and Dr. Arthur C. Taylor succeeded Dr. Thomas D. Spies, January 1, 1929, in the positions of Pathological House Officers.

Dr. Granville A. Bennett continued a second year in the position of Resident Pathologist.

Dr. Reuben Schulz became Resident Pathologist at the Boston Children's and Infants Hospitals.

Dr. Spies is now Third Assistant Pathologist at the Boston City Hospital.

Dr. Charles L. Connor, Resident Pathologist from September 1, 1925, to September 1, 1926, was appointed Associate Professor and Director of the Department of Pathology of the University of California in September, 1928.

S. B. WOLBACH,
Pathologist.

Report of the Surgeon-in-Chief

FIFTEEN YEARS. To the third quinquennial celebration mentioned in the last report, our former graduates came from far and near giving the stay-at-homes great pleasure thereby. For the convenience of our guests coming from a distance the reunion was held so that those who desired might attend the medical congress in Washington scheduled for the following week. Rumor came back from Washington that the scientific papers read here during our two days' meeting exceeded in quality and variety those that constituted the program of the sections in Washington. Family pride tinged with chauvinism doubtless had a good deal to do with this rumor, but there were certain non-scientific features of our program that could not have been reduplicated elsewhere. A minstrel show was one of them. It gave ample opportunity for those who take themselves too seriously in the affairs of the hospital to see themselves as others see them—all of which was hilariously received even by "themselves."

To the reunion came two of our former Surgeons-in-Chief *pro tempore*—Emmet Rixford from San Francisco and Clarence Starr from Toronto, both of whom entered fully into the spirit of the occasion. It was, alas, to be Clarence Starr's last visit. He died suddenly on Christmas day of a cardiac lesion of which he had long had warning. Death came as he would have wished, suddenly, while in his full stride. He was a man of rare qualities and the hospital may well be proud that his name is carried on its rolls. His

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passing makes the first break in our list of visiting surgeons and physicians who have added so much to our hospital traditions.

Traditions are what chiefly mould an institution and if they are worthy serve to keep its personnel in sympathetic contact. A few days ago there came over my desk a letter from a former patient which says: "One of the loveliest memories of my life is the remembrance of the carols that awoke me on that Christmas morning of 1920 when I was convalescing from my operation." I passed this note on to the Superintendent of Nurses who replied: "I had your note this morning about the carols. The tradition to sing carols at 6 a.m. on Christmas day is now firmly entrenched. It is customary to serve doughnuts and coffee beforehand and for the house officers and nurses to breakfast together in the nurses' dining room afterwards. Last Christmas our young people not only sang at the parties in our own wards but on Christmas eve a troop sang for all the neighboring hospitals."

While we are still very young is the best time to get customs of this sort established, and such talent for music as may be concealed among nurses or house officers should be encouraged to come to the surface as happened at the time of our reunion. A doctor must have an avocation and those who are capable of music may be envied by those who are not. My predecessor in the School, the lamented Maurice Richardson, used to take his 'cello or sit at the piano and play for the patients at the Corey Hill Hospital. It is a constant surprise to find in this day of mechanical music how many of our house staff are skilful performers on some musical instrument. Young men thinking of medicine would do well early to cultivate such gifts

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as they have for music, or as a second choice, for drawing, or if such talents are absent from their make-up, to begin with some other avocation—even collecting old books. Indeed, so far as preparation for a surgical career is concerned, I would cheerfully see the present pre-medical requirements in chemistry replaced at the student's option by a comparable period of time in an art school where observation is trained, or a school of instrumental music for its finger exercises, or a manual training school where dexterity and manipulative resourcefulness are cultivated. I don't wish to praise chemistry less but some other things more—things, as I see it, that would not only be highly desirable as a preparation for surgery, but would provide a surgeon on his retirement with an avocation for his later years far superior to golf.

“HOUSE PLAN” FOR HOSPITALS. Of all the hospitals affiliated with the Harvard Medical School, we alone during the past fifteen years have not as yet made a public appeal for funds with which to enlarge the scope of our work. The Lying-In-Hospital, the Massachusetts General, the Women's Free Hospital, the Huntington Hospital have all in recent years engaged in such campaigns; the Boston City Hospital which alone can draw upon the city purse is engaged in a program of expansion; and just now the Children's Hospital is launched on an active campaign for funds. Being the youngest of these hospitals, our turn properly should be the last, but certain developments in the School curriculum are forcing us to the issue. A small boy was once asked why he was weeping and he said, “My dog is dead.” “Don't cry,” said the sympathetic grown-up, “I lost my grandmother last week and I didn't cry.” “Yes,” wailed the boy, “but you didn't

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raise your grandmother from a puppy." Now the difference between ourselves and those responsible for these other older hospitals is just this—that we *have* "raised" the Brigham and taught it all its tricks, though it has not as yet learned to sit up and beg.

One principle, that has served as an example to the other local hospitals, we have accepted from the beginning, namely, to encourage those appointed to the staff to spend all or most of their working time within the hospital. That the principle proves as time goes on to have distinct disadvantages, particularly for the younger men, has been aired in an earlier one of these reports. It is a good deal easier to advise others what to do with their institutions than to know just how best to organize one's own.

In our triple rôle of caring for the sick, of promoting knowledge of disease, and of teaching medical students, we are just now facing the necessity of inaugurating a new system. The proposal was made in the Annual Report for 1926 for reasons therein set down, that the medical students be divided in their clinical years into three major groups, an M. G. H. group, a B. C. H. group and a P. B. B. H. group, rather than that they should spend these two years scurrying from one hospital to another. The idea in mind was that in this way some of the advantages of the hospital-medical schools as they exist in London might be secured. Under this plan the students could pass a sufficient amount of their time in a single institution to enable all of them to become personally known to the members of the staff of some one hospital at least; whereas at present, the bulk of them remain unnamed and unknown to the majority of their clinical teachers, for they are never long enough in any

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one hospital to make this possible. It was thought that this program of apprenticing students to one or another institution would do away with or render unnecessary the highly expensive tutorial program on which the School has embarked.

The idea bears resemblance, on a small scale, to the House Plan now being proposed for the College whereby the present amorphous mass of undergraduates is to be subdivided in order that they may receive the greatest part of their instruction and make cultural contacts in smaller groups and under more favorable auspices. A subdivision of this sort would not only be highly advantageous to our hospitals on the basis of student help, but the students in turn would profit enormously since the entire staff of each institution would come to exercise a parental and tutorial rôle for the undergraduates in its apportioned group as their individual needs and abilities become apparent.

After due study, action has just been taken by the authorities in the School to begin, in a small way, to put some such plan into operation. This fact makes it necessary particularly for the Brigham Hospital to look forward to the necessary rounding out of its services before it can really assume the function of an independent hospital School. For the adoption of this program the older hospitals are better equipped as they in time have come to cover practically all the clinical subdivisions of Medicine and Surgery. On our part we have at present only four independent though wholly cooperative departmental services—Medicine, Surgery, Pathology and Roentgenology. Both Medicine and Surgery have, to be sure, certain subsidiary divisions that are in operation—those in

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surgery being a neurosurgical, a urological, and a laryngological surgical service, and steps are being taken to develop thoracic surgery in the same way. Owing to our proximity to the Children's Hospital and to our close affiliation to the surgical staff there, we need not attempt to cover orthopedic or children's surgery but we shall need to develop an adult fracture clinic and in view of the distance from the Massachusetts Eye and Ear Infirmary we shall do well to take into consideration the propriety of starting an ambulatory ophthalmological clinic and of reviving the nose and throat clinic that was abandoned after Dr. Clifford Walker's departure early in the war. These future developments will require more space and more funds.

A WAR MEMORIAL. Last autumn as a fitting recognition of the decennial of the Armistice, there was erected and dedicated on the Longwood Avenue boundary of the Harvard Medical School court a memorial to what was officially known as U. S. Army Base Hospital No. 5. This unit was one of the original six base hospitals, organized during 1916 under the auspices of the National Red Cross Society, which served with the British Expeditionary Force during the period of our participation in the war.

The Story of Base Hospital No. 5 has been elsewhere, *in extenso*, told in print, but it may be here recalled that the Red Cross Society acting for the War Department requested that the Massachusetts General Hospital, the Boston City Hospital and the Peter Bent Brigham Hospital each organize a hospital unit. For reasons that do not now seem so vital as they did in 1916, the Director of the Brigham Hospital unit strongly favored calling it the Harvard Medical

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School Unit, and though the Brigham staff and its Training School were strongly represented in the official personnel, most of the other hospitals in affiliation with the Medical School were also represented. Thus it has come about that the service flags which were originally presented to what was regarded by the donor as the Brigham Hospital Unit now hang in the Library of the Medical School. The chief reason for mentioning all this, which is now past history, is to record the fact that the Brigham Hospital has reason to look upon the memorial, which forms a low parapet boundary wall of great architectural beauty in front of the Medical School, with peculiar attachment and sentiment. This and the tablet on our out-patient building erected to commemorate the activities of the New England Surgical Dressings Committee are the only permanent reminders we have of the participation of our hospital in the Great War.

THE ARTHUR TRACY CABOT FELLOWSHIP. In these reports during the past several years the holders of this fellowship have been frequently mentioned and now that the greatly lamented donor of the fund, Frederick Cheever Shattuck, has gone the way of his great friend in whose name the bequest was made, it is fitting that some statement should be made explanatory of how the appointees came to be associated with the Brigham Hospital. Dr. Shattuck, one of the greatly beloved physicians of his time, was the fourth of a line of distinguished doctors, all Harvard graduates. His great grandfather, Benjamin, was a successful and respected country practitioner; his grandfather, George Cheyne Shattuck, the life-long friend of Nathan Smith, was a benefactor of the Harvard Medical School; his father, George Cheyne, 2nd, the

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founder of St. Paul's School, was one of the famous group of Louis' American pupils and long held the Chair of 'Theory and Practice of Medicine in our School. The qualities of patriotism and of benevolence, the capacity for friendship, the feeling of local and institutional loyalty shown by his forbears were all inherited by F. C. Shattuck, and after his retirement from the Medical School as well as from his hospital positions on the expiration of the customary age limit, there was no abatement in his interest in these institutions. In the name of two of his great friends, he established two fellowship funds. The first of them was the H. P. Walcott Fellowship in Medicine (1910); and subsequently on the death of Arthur Tracy Cabot who had been a beloved colleague at the Massachusetts General, a surgical fellowship was established in his name. The appointment of the Walcott fellow was left to a School committee; of the A. T. Cabot fellow to the Moseley Professor of Surgery. It was at this time that our hospital was being built and according to the arrangement between Brigham Hospital Trustees and Harvard Corporation the Surgeon-in-Chief to the new institution was to hold the Moseley Professorship, this being the oldest of the endowed surgical chairs.

Owing to this arrangement the writer has had the privilege and satisfaction each year of selecting the appointees for this surgical fellowship. Though no strictures were made by the donor as to the place or character of the activities of the recipient, when the opportunity came to make the first appointment the hospital was not yet ready for occupancy and the only place where the nucleus of the first staff could find an opportunity for work was in the Laboratory of Surgi-

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cal Research in the Medical School. The first appointee, Dr. Lewis H. Weed, now Professor of Anatomy at the Johns Hopkins Medical School, was accordingly put in charge of the laboratory, a position which he held for a period of two years.

Thus was started the tradition that the A. T. C. Fellow should spend his year in supervision of this particular laboratory. Through some shortsightedness Dr. Weed was never given a conjoint P. B. B. H. appointment, nor were his two or three immediate successors, but each of the later appointees has been officially so connected. There can be no question but that a contact of this sort between those engaged in experimental research and those engaged in purely clinical work is highly desirable. Medical research of the day is largely chemical or instrumental and for this the hospital affords ample opportunity, but as most purely surgical research requires experimentation on animals, the hospital is an unsuitable or impossible place for it. That the responsibility thrown on a young man early in his career, of "running" a laboratory where both teaching and research are actively engaged in and with the least possible supervision and interference on the part of his seniors, is a character-making episode, may be judged by the subsequent careers of the Arthur Tracy Cabot fellows.

SURGEON-IN-CHIEF, *Pro Tempore*. In this capacity Sir Charles Alfred Ballance did us the honor of serving for a period of nearly two weeks in the latter part of October. He participated in the life and activities of the junior surgical staff with enthusiasm and greatly endeared himself to all, whether patients or doctors or nurses, with whom he came in contact. Sir Charles is a man on whom *Anno Domini* has made so

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little impression that his age, unknown to "Who's Who," might be anything; but the fact, betrayed by the *Index Medicus*, that he began writing at least as early as 1883 shows that he has given to his profession a long and continuous service.

There is more than one way of forgetting one's years. The usual prescription is to keep in close touch with those of the next generation and to imagine yourself their age. The same effect can be attained by playing and working with an older generation who treat you as a youth which you begin to believe yourself to be. The writer two summers ago had the privilege of seeing the results of some of the experiments in which Sir Charles and the late Sir David Ferrier were conjointly and enthusiastically engaged in the National Hospital for Medical Research where they were studying anew the question of restoration of function after nerve anastomoses. When one recalls that Ferrier, who was born in 1843, was one of the earliest contributors to our knowledge of the localization of cerebral function, his studies having been published in book form in 1876, one is led to feel that the spirit of research must be conducive to longevity.

PUBLICATIONS. Some more convenient medium of publication than exists for many of the papers that emanate from a clinic such as ours is greatly needed. This has been abundantly emphasized in other reports. Not infrequently a year or more elapses before a piece of work that has been largely completed in the clinic gets into print and meanwhile the author may have moved to another institution where further work on the subject has been done so that it is not always easy to tell to what articles, as finally published, the hospital is entitled.

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It is a continued source of regret that the Harvard Medical School has not seen its way clear to establish its own organ of publication in which the accounts of meetings and of work in progress could be published, together with such articles, from laboratories and clinics, as are scarcely suitable for the journals devoted to the various specialties. Given an interested and active editor and the necessary funds, we could well enough publish our own monthly hospital reports or archives; but it would be far more desirable could the Medical School foster a journal more widely representative of the work that it in part subsidizes in many other affiliated institutions. A "Bulletin" comparable to the *Johns Hopkins Bulletin* in its early years, or to that which the Yale Medical School has just successfully launched, if issued under the aegis of the school, would be an assured success and at the same time an enormous convenience. It would insure early publication for many pieces of work; it would spare the workers and writers from much wear and annoyance; it would without expense bring to our growing school library in the way of "exchanges" many journals we cannot now afford to purchase.

Attention may be called to the fact that the 111 papers, omitting textbooks and monographs, written from all departments of the hospital and cited in the annual report of last year were published in forty-four different journals. The greatest number in any one journal was thirteen papers in the *Boston Medical and Surgical Journal*. A perusal of the subjoined bibliography of the year for the surgical department alone shows thirty-four different places of publication for the sixty-four titles.

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There may be advantages in scattering the hospital papers in this way, but the disadvantages outweigh them. It means dealing with a great many different editors, most of whom are beset with more contributions than they can handle; some of them have inelastic rules for their compositors to follow so that carefully prepared papers may be annoyingly altered in form; and many of them now charge a not inconsiderable sum to their contributors for publications which are well illustrated. Consequently the expense of publishing the papers of the surgical staff alone in the course of a year runs up to about two thousand dollars, which is a burdensome addition to the naturally much greater expense of the preparatory work that precedes publication.

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CHANGES IN PERSONNEL. After serving the Brigham Hospital in various capacities off and on during the past decade, Dr. Percival Bailey was offered and has accepted a position as Associate Professor of Surgery in Professor Phemister's department in the University of Chicago. During this decade Dr. Bailey has made a name for himself as one of the leading neurologists of the country. Though a man of inde-

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pendent thought with the capacity to make his own way in any environment, it nevertheless is gratifying to feel that the Brigham Hospital has had a share in his training and in giving him opportunities for self-development. He began his medical studies in Chicago and it is natural that after a somewhat peripatetic existence which has largely centered here he should gravitate to the institution in which as a medical undergraduate he taught embryology and anatomy throughout his course and from which he received his Ph.D. in 1918. While here he has served in various capacities, first as an assistant resident surgeon in charge of the neurosurgical patients, subsequently as Arthur Tracy Cabot fellow, then successively as Junior Associate and as Associate in Surgery in charge of the neurosurgical laboratory. Fortunately during this latter period through the benevolence of Mrs. Philip H. Gray a fund was put at our disposal for the study of brain tumors and Dr. Bailey's training in neuropathology has proved invaluable in the endeavor more accurately to classify these lesions, more particularly the large and poorly differentiated group constituting the gliomas.

Meanwhile, Dr. Bailey rounded out his general neurological training by a period as a resident physician on the neurological service of the Cook County Hospital, by a period, while holding an American Ambulance Fellowship, as assistant to Prof. Pierre Marie at the Salpêtrière, and by a period, while holding a Guggenheim Fellowship, as assistant to Prof. Henri Claude at the Hospice Sainte Anne in Paris. He has thus familiarized himself in an unusual fashion with all aspects of neurology—clinical, pathological, surgical and psychiatric—and has had the train-

REPORT OF THE SURGEON-IN-CHIEF

ing that would fit him to direct a neurological department; and the only misgiving we may have concerning his future is that he may in his present position be called upon, as the writer is called upon, to spend so much time at the operating table it may cut in on his productivity in other more important directions. This is a problem he will have to work out for himself, and meanwhile our best wishes go with him.

On his return from a year of study abroad on a combined Harvard Medical School (Moseley) and Brigham Hospital Fellowship, Dr. Harlan F. Newton has been appointed a Junior Associate on the staff and, in succession to his brother, been put in general charge of the surgical division of the Out-Door Department. On completion of his term as Resident Surgeon, Dr. Newton passed a year in research in the Department of Physiology with Prof. W. B. Cannon; he then went abroad, having been attracted to Hamburg where he had cordial introductions through Dr. Georg Schaltenbrand, a recent voluntary assistant on the Brigham Hospital staff. Dr. Newton had the good fortune during the year to come in close contact with Prof. Ludolph Brauer, Director of the Hamburg-Eppendorf Hospital, and he has returned to us thoroughly versed in those principles of the newer thoracic surgery toward which Professor Brauer has made such notable contributions. Every effort on our part will be made to take advantage of the opportunity, which Dr. Newton's experience offers, to encourage the development of a thoraco-surgical clinic.

Dr. Tracy J. Putnam whose interests lie in a direction similar to those pursued by Dr. Bailey also resigned in September, 1928, and to our great regret has left us for a larger field, after being connected

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with the hospital in several capacities. His term as Assistant Resident was followed by a year abroad with Professor Brouwer in Amsterdam, after which he succeeded to the A. T. C. Fellowship. He was then made an Associate in Surgery, and while holding this position, during the next two years, much of his time was devoted to the furtherance of problems relating to the function of the pituitary body that he had begun while in charge of the Laboratory of Surgical Research. He has now been appointed Research Fellow in Neuropathology in the Neurological Department of the Boston City Hospital where he will be associated with Professor Stanley Cobb who also is one of our former house officers.

Dr. John F. Fulton after graduating from the Medical School with high honors in 1927 attached himself to the clinic as a free-lance voluntary assistant with the purpose of getting some insight into the somewhat neglected problems in neurophysiology that abound in the neurosurgical group of cases. He made himself so useful and proved to be such an excellent clinician that he was soon made a Junior Associate. He resigned at the end of a year's service to take a Fellowship at Magdalen College, Oxford, where he has again become Professor Sherrington's assistant in the Laboratory of Physiology.

At the expiration of two years as Resident Surgeon, the blue-ribbon position on our junior staff, Dr. Clarence E. Bird relinquished the post with the expectation of spending the year abroad visiting foreign clinics and of settling somewhere for a period of work—a program which unhappily was interrupted by a bereavement which has necessitated his return. He was succeeded on October 1 by Dr. John H. Powers

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who had just completed a productive year as A. T. C. Fellow in the surgical laboratory at the Medical School.

The following shifts have been made during the year among those holding assistant residential positions. Dr. Ashley W. Oughterson, at the expiration of his year on the general service as first assistant, accepted a position as research fellow at the Yale Medical School with Prof. S. C. Harvey, a former member of our staff. Dr. Franc D. Ingraham, after a year in the Hunterian Laboratory at the Johns Hopkins, returned here in September, 1927, to take the position of second assistant resident surgeon which he held for twelve months when he was made interim resident surgeon between the incumbency of Drs. Bird and Powers; he then went abroad on a Brigham Hospital surgical fellowship and is at work with Professor Sherrington and Dr. Fulton in the Physiological Laboratory in Oxford. Dr. Howard A. Patterson after a two years' experience as house officer at the Roosevelt Hospital in New York held an assistant residential position here from February to September, 1928, when he returned to New York to enter practice. Of the two assistant residents in charge of Dr. Quinby's urological patients during the year, Dr. Bancroft Wheeler resigned to become Resident Surgeon at the Memorial Hospital in Worcester, and Dr. Vincent Vermooten left us to become Instructor in Urology at the Yale Medical School.

The assistant residential posts that have thus fallen vacant during 1928 have been filled as follows: Dr. J. L. Maupin, Jr., a highly recommended graduate of the Stanford University School of Medicine, who after a few years of practice in Fresno desired further

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training in general surgery, joined the staff in September, 1928, and became successor to Dr. Patterson. Dr. Arthur J. McLean who since graduating from the Johns Hopkins Medical School has been successively surgical house officer, A. T. C. Fellow, and finally assistant resident for the neurological cases, was transferred in September to a corresponding position in general surgery. His neurosurgical successor is Dr. John E. Scarff, another Johns Hopkins graduate who came here a year after his graduation and repeated his surgical house officership. The vacancy in urology has been filled since July by Dr. J. Andrew Bowen, a graduate (1925) of the University of Cincinnati Medical School, who before coming here had served his internship in the Cincinnati General Hospital and subsequently held a Fellowship in Surgery in the Cleveland Clinic with Dr. Crile.

In addition to the regular appointees on the staff, there have been a number of voluntary assistants, either continued or new; who during the year have attached themselves to the Hospital. Dr. Ignace Oljenick has continued on for a second year having been granted a Rockefeller fellowship. Already a well-trained neurologist and neurosurgeon, he is preparing himself to take charge of the neurosurgical work in new quarters which are being prepared in connection with Professor Brouwer's department at the University Hospital in Amsterdam. Dr. Dimitri Bagdasar of Bucharest has unfortunately been obliged, owing to ill health, temporarily to interrupt his sojourn with us. He is greatly missed no less on personal grounds than because of his grasp of neurological subjects and his unusual capacity for work. Mr. Alan C. Gairdner, a graduate of Oxford and of

REPORT OF THE SURGEON-IN-CHIEF

the London Hospital, has also been attached to the clinic for a period of several months.

Other voluntary assistants in the neurological clinic and laboratory who have joined us during the year have been Dr. Woldemar F. Schreiber of Detroit, a Harvard Medical graduate of 1923 who after his internship in the Harper Hospital in Detroit was made a junior member of the staff there, and Dr. Edwin M. Deery, likewise a graduate of Harvard (1926) who had his internship at the Presbyterian Hospital in New York. Both of these men anticipate devoting themselves to neurosurgical work. Mr. Frederick Kredel, a Johns Hopkins undergraduate, for the second time spent a summer with us working, with even better success than in the preceding year, on the growth of brain tumors under culture.

The surgical house officers whose terms expired during 1928 have scattered as follows: Dr. L. Cameron Haight has been made Assistant Resident Surgeon at the New Haven Hospital. Dr. Trygve Gunderson is taking an added house officership at the Massachusetts Eye and Ear Infirmary with the expectation of taking up ophthalmology before rejoining the tribe of Gunderson doctors that now care for much of Wisconsin; Dr. John E. Scarff has been accounted for as Dr. McLean's successor; Dr. William P. Farber has served for a year as physician to the U. S. Federal Penitentiary in Atlanta and has recently been appointed Resident in Urology in Emory University. Dr. Cobb Pilcher has returned to the Vanderbilt University Medical School from which he graduated where he holds a position as Assistant Resident Physician. Dr. Richard C. Buckley remains

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with us, having succeeded to Dr. Bailey's position in the neurosurgical laboratory.

SURGICAL TABULATIONS. The usual table giving the comparative annual figures with the mortality percentages is subjoined. There is little to say about it that has not previously been said in other reports except to call attention to the plateau on which with our present bed-capacity we now stand.

YEAR	Total Discharges	Deaths	General mortality %	Diagnoses	Excess % of Diagnoses	Patients operated upon	Case % operated upon	Operations recorded	Post-operative deaths	Case mortality %	Operative mortality %
1913	690	35	5.00	690	0	477	69.1	693	29	6.0	4.2
1914	1474	83	5.63	1474	0	992	67.3	1361	61	6.1	4.5
1915	1869	89	4.76	2366	26.5	1328	71.2	1526	72	5.4	4.7
1916	2014	93	4.61	2348	16.5	1422	70.6	1632	68	4.8	4.1
1917	2021	74	3.66	2533	25.3	1457	72.0	1639	54	3.7	3.2
1918	1856	71	3.82	2315	24.7	1304	70.2	1474	61	4.7	4.1
1919	2123	102	4.80	2659	25.2	1411	66.4	1563	79	5.6	5.1
1920	2090	91	4.35	2604	24.5	1399	66.8	1602	69	4.9	4.3
1921	2195	107	4.87	2640	20.2	1405	64.0	1591	86	6.1	5.3
1922	2274	110	4.83	2692	18.3	1517	67.1	1552	71	4.7	4.5
1923	2397	135	5.62	3084	28.2	1646	68.6	1713	81	4.9	4.7
1924	2508	144	5.74	3462	38.0	1783	71.1	1843	75	4.2	4.1
1925	2578	134	5.19	3629	40.7	1667	64.6	1762	72	4.3	4.1
1926	2415	143	5.92	3565	32.2	1663	68.8	1789	87	5.2	4.8
1927	2474	135	5.95	3715	31.5	1735	69.9	1858	79	4.5	4.3
1928	2577	135	5.24	3737	45.0	1750	67.8	1930	89	4.5	4.2

The percentages give evidence that there is an increasing tendency to make multiple diagnoses which perhaps is not undesirable since it serves by cross references in our index files to facilitate the location of conditions that may demand study and that are either wholly unrelated to the patient's essential malady or at best only secondarily related to it. How far such a tendency should be permitted to go un-

REPORT OF THE SURGEON-IN-CHIEF

checked is difficult to say. If carried out to the full, the diagnoses would probably treble the number of cases and added labor would be thrown on the already heavily burdened secretaries responsible not only for indexing and filing the clinical records but for keeping an end-result system in operation.

The writer has an impression that the excessive recording of minor details in regard to maladies that do not happen to be under intensive study often defeats its own object. Separately to enumerate the trees gives the next wayfarer none too good a picture of the grove. To be sure, it may be difficult without great labor for a future biometrition to dig out of our incompletely cross-indexed case histories the material he might need, but experience goes to show that in older clinical histories, however carefully recorded, the particular point on which one's present research seeks information will have been overlooked. This is almost inevitable for no one can tell today what particular data will be of vital importance to some future student of a given subject. Could this be foretold, someone would in all probability be concentrating on the subject today. When certain groups of cases are being followed for purposes of special study, as has long been true, for example, of the group of intracranial tumors, the responsibility of keeping up-to-date statistical, and end-result records under these circumstances, cannot properly be put on the hospital record room which is already submerged to the chin in routine. Such records must be assembled and kept by those primarily engaged in the study as something quite apart from the official hospital files.

HARVEY CUSHING,
Surgeon-in-Chief.

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Surgical Diagnoses and Operations

JANUARY 1, 1928, TO JANUARY 1, 1929

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths

SECTION I

SPECIFIC INFECTIOUS DISEASES,
GENERAL DISEASES
(See also SPECIAL ORGANS)

Aerogenes capsulatus infection <i>Drainage</i>	1	..	1	..
Coryza	1	..	..	..
Gonorrheal complications (varia)	20	..	..	..
<i>Operations (varia)</i> .....	..	..	5	..
Pneumonia	11	1	..	..
Poliomyelitis	1	..	..	..
Septicaemia	5	2	..	..
Syphilis (varia)	42	..	..	..
<i>Cordotomy for gastric crisis</i> .....	..	..	2	..
Tuberculosis, miliary	2	..	..	..

SECTION II

DISEASES DUE TO ANIMAL PARA-
SITES

Amebiasis	1	..	..	..
Echinococcus cyst	1	..	..	..
Oxyuria vermicularis	1	..	..	..
Tinea "Epidermophytosis"	3	..	..	..

SECTION III

DISEASES OF METABOLISM AND
DEFICIENCY

Diabetes insipidus	2	..	..	..
Diabetes mellitus	27	..	..	..
Lipomatosis <i>Excision</i>	1	..	1	..
Obesity	4	..	..	..

REPORT OF THE SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths

SECTION IV

DISEASES PECULIAR TO INFANCY

No cases indexed

SECTION V

DISEASES DUE TO PHYSICAL AGENTS

Burns, varia	7
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SECTION VI

POISONINGS. INTOXICATIONS

Alcoholism	4
Poisonings, chronic industrial	1
Poisonings, chronic non-industrial.....	1	..	..	..

SECTION VII

TUMORS, BENIGN OR MALIGNANT
(See SPECIAL ORGANS)

SECTION VIII

CONGENITAL MALFORMATIONS

Anomaly of bladder mucosa	1	..	..	..
Atresia of vagina	2	..	..	..
Cervical rib	2	..	..	..
Craniopharyngeal pouch cyst (cf. Section XIV, PITUITARY GLAND)				
Heart disease	1	..	..	..
Hypospadias <i>Plastic operation</i>	2	..	3	..
Malformation of radius	1	..	..	..
Meningocele <i>Excision</i>	2	..	2	..
Pilonidal sinus <i>Excision</i>	13	..	10	..
Polycystic kidney	2	..	..	..
Spina bifida	2
Supernumerary breast <i>Excision</i>	1	..	1	..
Thyroglossal cyst <i>Excision</i>	1	..	1	..

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DISEASES AND CONDITIONS	DIAGNOSIS		OPERATIONS	
	Total	Deaths	Total	Deaths

SECTION IX

INJURIES

Abrasions and contusions	24	2	..	..
Crush <i>Amputation</i>	4	..	1	..
Dislocation of acromio-clavicular joint	3	..	..	..
Dislocation of femur <i>Reduction</i>	1	..	1	..
Dislocation of hip <i>Reduction</i>	1	..	1	..
Dislocation of humerus <i>Reduction</i> ..	4	..	1	..
Dislocation of radius and ulna	1	..	..	..
Dislocation of semilunar cartilage <i>Excision</i>	2	..	2	..
Dislocation of ulna	2	..	..	..
Dislocation of vertebra	1	..	..	..
Foreign body <i>Removal</i>	7	..	4	..
Fractures:				
Lower extremity	44	2	..	..
Skull <i>Decompression</i>	18	2	3	1
Trunk:				
Clavicle	11	..	..	..
Pelvis	10	1	..	..
Ribs	6	..	..	..
Scapula	3	..	..	..
Spine	6	..	..	..
Upper extremity	28	1	..	..
Hematoma <i>Removal of clot</i>	9	..	2	..
Severed tendon <i>Suture</i>	1	..	1	..
Shock	3	1	..	..
Strain	2	..	..	..
Wound, lacerated and gunshot	29	2	..	..
<i>Removal of bullet and suture</i> .....	..	..	11	1

SECTION X

DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE

Abscess <i>Incision—drainage</i>	37	..	17	..
Carbuncle, varia <i>Incision—drainage</i> ..	9	..	6	..
Cellulitis, varia <i>Incision—drainage</i> ..	29	1	3	1
Eczema	1	..	..	..
Erysipelas	2	..	..	..
Erythema nodosum	2	..	..	..
Furunculosis	3	..	..	..

REPORT OF THE SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Hyperkeratosis <i>Amputation</i>	2	..	1	..
Nevus pigmentosus <i>Excision</i>	4	..	3	..
Paronychia <i>Incision</i>	1	..	1	..
Psoriasis	1	..	..	..
Tumors:				
Angioma <i>Excision</i>	1	..	1	..
Carcinoma, epidermoid <i>Excision</i> ..	2	..	2	..
Cyst, sebaceous <i>Excision</i>	2	..	2	..
Cyst, tuberculous <i>Excision</i>	1	..	1	..
Endothelioma <i>Excision</i>	1	..	1	..
Epithelioma <i>Excision</i>	3	..	3	..
Fibrolipoma <i>Excision</i>	2	..	2	..
Fibrosarcoma <i>Excision</i>	1	..	1	..
Lipoma <i>Excision</i>	10	..	8	..
Neurofibroma <i>Excision</i>	1	..	1	..
Papilloma <i>Excision</i>	1	..	1	..
Ulcer <i>Excision</i>	4	..	1	..
Wound, infected, varia <i>Incision—drainage</i>	24	..	1	..

SECTION XI

DISEASES OF THE CIRCULATORY
SYSTEM

A. ARTERIES

Aneurysm <i>Ligation</i>	3	..	1	..
Arteriosclerosis	41	..	..	..
Gangrene, senile and diabetic <i>Amputation</i>	11	1	14	1
Hypertension	32	..	..	..
Thromboangitis obliterans <i>Ligation</i>	2	1	1	1
Thrombosis	1	1	..	..

B. HEART

Angina pectoris <i>Sympathectomy</i>	3	..	3	..
Aortic insufficiency and mitral stenosis ...	3	1	..	..
Auricular fibrillation	11	..	..	..
Heart disease, hypertensive with nephritis	3	..	..	..
Infarct of heart	4	..	..	..
Mitral insufficiency and stenosis	13	..	..	..
Myocarditis, chronic	36	..	..	..
Ventricular extrasystoles	1	..	..	..

PETER BENT BRIGHAM HOSPITAL

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths

C. VEINS

Thrombophlebitis <i>Excision</i>	15	..	2	..
Thrombosis	2	..	..	..
Tumors:				
Hemangioma <i>Excision</i>	1	..	1	..
Varix <i>Excision</i>	33	..	24	..
Varix with ulcers <i>Excision—skin graft</i>	16	..	15	..

SECTION XII

DISEASES OF THE LYMPHATIC SYSTEM

Elephantiasis	1	..	..	..
Lymphadenitis, suppurative	11	..	..	..
<i>Incision—drainage</i> .....	..	..	3	..
Lymphadenitis, tuberculous <i>Excision</i>	4	..	3	..
Lymphangiectasis (non-filarial) <i>Kondoleon</i>	1	..	2	..
Lymphangitis	8	..	..	..
Tumors:				
Melanosarcoma <i>Excision</i>	1	..	1	..

SECTION XIII

DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS

Adhesions, splenic	1	..	..	..
Anemia, pernicious	3	..	..	..
Anemia, secondary	44	..	..	..
Anemia, splenic (Banti's disease)	1	..	..	..
Hodgkin's disease	1	..	..	..
Leukemia, atypical <i>Excision</i>	1	..	1	..
Leukemia cutis	1	..	..	..
Purpura simplex	2	..	..	..
Splenomegaly <i>Splenectomy</i>	2	..	1	..

SECTION XIV

DISEASES OF THE DUCTLESS GLANDS

B. PARATHYROID GLANDS

Tetany	1
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REPORT OF THE SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
C. PITUITARY GLAND				
Abscess	1	..	..	..
Acromegaly	16	..	..	..
<i>Transfrontal operation</i> .....	..	..	2	..
<i>Transphenoidal operation</i> .....	..	..	3	..
Dyspituitarism without tumor	4	..	..	..
<i>Transfrontal operation</i> .....	..	..	1	..
<i>Transphenoidal operation</i> .....	..	..	1	..
Dyspituitarism with adenoma	20	..	..	..
<i>Transfrontal operation</i> .....	..	..	7	..
<i>Transphenoidal operation</i> .....	..	..	6	..
Dyspituitarism with tumor of cranio- pharyngeal (Rathke's) pouch	6	..	..	..
<i>Transfrontal operation</i> .....	..	..	6	..
Gigantism with adenoma	1	..	..	..
Infantilism	1	..	..	..
Polyglandular syndrome	2	..	..	..
E. THYROID GLAND				
Goitre, diffuse colloid	2	..	..	..
Goitre, exophthalmic	35	1	..	..
<i>Subtotal thyroidectomy</i> .....	..	..	33	1
Myxedema	2	..	..	..
Tumors:				
Adenoma <i>Partial thyroidectomy</i> ...	11	..	8	..
SECTION XV				
DISEASES OF THE NERVOUS SYSTEM				
A. BRAIN				
Abscess <i>Drainage or extirpation</i>	7	2	6	2
Apoplexy	2	..	..	..
Arteriosclerosis, cerebral	5	..	..	..
Concussion	13	..	..	..
Encephalitis	2	..	..	..
Epilepsy	2	..	..	..
Hemorrhage, intracranial	2	..	..	..
Hydrocephalus	6
Little's disease (Birth palsy)	3
Ophthalmoplegia	1
Sinus thrombosis	1

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Thrombosis, cerebral	3	..	..	..
Tumors:				
(1) Pituitary and suprasellar (cf. Ductless Glands, Section XIV, C)				
(2) Cerebral tumors, verified:				
Adenocarcinoma <i>Extirpation</i> ..	1	..	1	..
Angioma <i>Extirpation</i>	2	..	1	..
Carcinoma, metastatic	2	2	..	..
<i>Extirpation, partial</i> .....	..	..	2	2
Chondroma <i>Extirpation, partial</i>	1	..	1	..
Chordoma <i>Extirpation, partial</i>	1	..	1	..
Craniopharyngeal pouch cyst	4	..	..	..
<i>Extirpation, partial or total</i> .....	..	..	3	..
Cysts (porencephalic) <i>Exploration</i>	3	1	1	1
Glioma (varia)	61	17	..	..
<i>Exploration with decompression</i> ..	..	..	10	6
<i>Extirpation, partial or total</i> ....	..	..	46	5
<i>Ventriculograms</i> .....	..	..	10	2
Lymphosarcoma <i>Exploration</i>	1	..	1	..
Meningioma	32	1	..	..
<i>Extirpation, partial or total</i> .....	..	..	30	1
Osteoma <i>Extirpation</i>	1	..	1	..
Sarcoma, metastatic <i>Extirpation, total</i>	1	..	1	..
Tubercles <i>Exploration</i>	1	..	2	..
(3) Cerebellar tumors, verified:				
(a) Intracerebellar tumors:				
Carcinoma <i>Ventriculogram</i> ..	1	..	1	..
Glioma	22	8	..	..
<i>Extirpation, partial or total</i> .....	..	..	21	7
Hemangioblastoma	7	2	..	..
<i>Extirpation, partial</i> .....	..	..	4	2
Meningioma <i>Extirpation, total</i>	1	..	1	..
Tuberculoma	3	..	..	..
<i>Exploration or extirpation</i> .....	..	..	3	..
(b) Extracerebellar tumors:				
Acoustic neurinoma	14	2	..	..
<i>Extirpation, partial or total</i> .....	..	..	15	2
(4) Unverified tumors:				
(a) Cerebral	63	1	..	..
<i>Exploration with decompression</i> ....	..	..	34	..
(b) Cerebellar	7	..	..	..
<i>Exploration with decompression</i> ....	..	..	5	..

REPORT OF THE SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
(5) Tumor suspects:				
(a) Cerebral <i>Exploration</i>	60	2	6	1
(b) Cerebellar <i>Exploration</i>	27	2	5	1
B. MENINGES				
Arachnoiditis, chronic	10	..	..	..
Meningitis, acute varia <i>Drainage</i> ...	6	2	2	2
Meningitis, encephalo-	1	..	..	..
C. MENTAL AFFECTIONS				
Dementia præcox	1	..	..	..
Dementia, senile	4	..	..	..
Insanity, manic depressive	1	..	..	..
Psychoneuroses	25	..	..	..
Psychoses, post-traumatic	8	..	..	..
D. MISCELLANEOUS				
Cephalalgia	3	..	..	..
Chorea	1	..	..	..
Convulsions	3	..	..	..
Neurosis, vasomotor	1	..	..	..
Oxycephaly <i>Decompression</i>	4	..	5	..
Paralysis agitans (post encephalitic)	5	..	..	..
Tic convulsif	1	..	..	..
E. PERIPHERAL AND CRANIAL NERVES				
Neuralgia <i>Alcohol injection</i>	4	..	2	..
Neuralgia, trigeminal, major	25	..	..	..
<i>Alcohol injection</i> .....	..	..	4	..
<i>Avulsion of sensory root</i> .....	..	..	14	..
Neuralgia, trigeminal, minor	16	..	..	..
<i>Alcohol injection</i> .....	..	..	10	..
<i>Avulsion of nerve fibers</i> .....	..	..	2	..
Paralysis of brachial plexus <i>Exploration</i>	2	..	1	..
Paralysis of cranial nerves	2	..	..	..
Paralysis of peripheral nerves	2	..	..	..
Torticollis, spasmodic <i>Resection</i>	1	..	1	..
Tumors:				
Neurofibromatosis <i>Amputation</i> ...	4	..	1	..
F. SPINAL CORD				
Friedrich's ataxia	1	..	..	..
Herpes zoster	1	..	..	..

PETER BENT BRIGHAM HOSPITAL

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Myelitis, diffuse	1	..	..	..
Sclerosis, amyotrophic	1	..	..	..
Sclerosis, multiple	10	..	..	..
Sclerosis, spinal	2	..	..	..
Tumors:				
(1) Verified:				
Angioma	1	..	..	..
Ependymoma <i>Extirpation</i>	1	..	1	..
Meningioma <i>Laminectomy</i>	1	..	1	..
Tumor: unclassified	1	1	..	..
(2) Suspect <i>Laminectomy</i>	4	..	1	..
G. SYMPATHETIC NERVOUS SYSTEM				
Edema, angioneurotic	1	..	..	..
H. MYOPATHIES				
Dystonia musculorum deformans <i>Cordotomy</i>	1	1	1	1
Myositis <i>Incision—drainage</i>	2	..	1	..
SECTION XVI				
DISEASES OF THE BONES, JOINTS,				
MUSCLES, TENDONS, AND				
FASCIA				
A. DISEASES OF THE BONES AND				
CARTILAGES				
Fracture, pathological	1	..	..	..
Hyperostosis	2	..	..	..
Leontiasis ossea	1	..	..	..
Osteitis	1	..	..	..
Osteitis deformans	2	..	..	..
Osteomyelitis (varia) <i>Operations (varia)</i>	24	1	14	..
Periostitis, non-traumatic	1	..	..	..
<i>Incision—drainage</i> .....	..	..	1	..
Scoliosis	1	..	..	..
Tumors:				
Carcinoma of spine, metastatic	1	..	..	..
<i>Cordotomy</i> .....	..	..	1	..
Osteoma (varia) <i>Excision</i>	3	..	2	..
Osteosarcoma <i>Curettage</i>	4	..	1	..

REPORT OF THE SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths

B. DISEASES OF THE JOINTS

Arthritis, acute	5	..	..	..
Arthritis, chronic	18	..	..	..
Arthritis deformans	3	..	..	..
Postural deformity	2	..	..	..
Synovitis	1	..	..	..
Tuberculosis of joint <i>Incision—drainage</i>	1	..	1	..

C. OTHER DISEASES

Abscess of muscle <i>Incision—drainage</i>	1	..	1	..
Amputation stump, painful <i>Amputation</i>	4	..	2	..
Bursitis <i>Excision</i>	8	..	2	..
Contraction, cicatricial <i>Amputation</i> ..	1	..	1	..
Ganglion of tendon sheaths <i>Excision</i>	2	..	2	..
Hallux valgus <i>Excision</i>	3	..	2	..
Pes planus	2	..	..	..
Strain of muscles	1	..	..	..
Tenosynovitis <i>Excision</i>	1	..	1	..

SECTION XVII

DISEASES AND INJURIES OF THE
EYE AND EAR

DISEASES OF THE EYE

A. GENERAL

Glaucoma	3
----------------	---	----	----	----

D. CONJUNCTIVA

Burn of conjunctiva	1
---------------------------	---	----	----	----

E. CORNEA

Burn of cornea	1	..	..	..
Keratitis	2	..	..	..

K. RETINA

Retinitis albuminuric	1
Thrombosis of retinal vein	1
Tumor :				
Angioma	1

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
M. OPTIC NERVE				
Amblyopia, toxic	2	..	..	..
Atrophy	2	..	..	..
Neuritis, retrobulbar	4	..	..	..
N. EYEBALL				
Exophthalmos	3	..	..	..
Ruptured eyeball	1	..	..	..
O. ORBIT				
Tumors:				
Carcinoma	1	..	..	..
Cyst, dermoid, orbicular	1	..	..	..
DISEASES OF THE EAR				
V. MIDDLE EAR AND MASTOID				
Mastoiditis <i>Exploration</i>	2	2	2	1
Otitis media <i>Mastoidectomy</i>	7	..	1	..
W. INTERNAL EAR				
Labyrinthitis	6	..	..	..
SECTION XVIII				
DISEASES OF THE NOSE AND ACCESSORY SINUSES				
Deviation of nasal septum	6	..	..	..
<i>Submucous resection</i> .....	..	..	5	..
Epistaxis	2	..	..	..
Ethmoiditis	1	..	..	..
Hypertrophy of bulbous middle turbinate ..	2	..	..	..
Sinusitis <i>Drainage</i>	10	..	8	..
Tumors:				
Carcinoma of antrum <i>Excision</i>	1	..	1	..
Polyp	1	..	..	..
Rhinophyma <i>Plastic</i>	1	..	2	..

REPORT OF THE SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths

SECTION XIX

DISEASES OF THE MOUTH, LIPS, CHEEKS, PHARYNX, TONSILS AND PALATE

Abscess, varia	<i>Incision—drainage</i> ..	5	..	1	..
Adenoids, hypertrophied	<i>Adenoidectomy</i>	2	..	2	..
Parotitis	<i>Incision—drainage</i>	4	..	2	..
Pharyngitis, acute	.....	3	..	..	..
Tonsillitis, acute	<i>Tonsillectomy</i>	8	..	4	..
Tonsillitis, chronic	<i>Tonsillectomy</i> ..	79	..	75	..
Tuberculosis of tonsil	<i>Tonsillectomy</i>	2	..	2	..
Tumors:					
Carcinoma of cheek	.....	2	..	..	..
Carcinoma of nasopharynx	.....	1	..	..	..
Carcinoma, epidermoid of palate	.....	1	..	..	..
	<i>Extirpation</i> .....	..	..	1	..
Cyst of tonsil	.....	1	..	..	..
Tumor of parotid gland	<i>Extirpation</i>	1	..	1	..
Vincent's angina	.....	1	..	..	..

SECTION XX

DISEASES OF THE JAW, TEETH AND GUMS

Abscess, alveolar	<i>Incision—drainage</i>	6	..	4	..
Caries of teeth	<i>Teeth extraction</i>	19	..	18	..
Gingivitis	.....	1	..	..	..
Hemorrhage of gum	.....	1	..	..	..
Impacted tooth	<i>Tooth extraction</i> ...	4	..	4	..
Pyorrhea alveolaris	<i>Teeth extraction</i>	3	..	2	..
Tumor:					
Adamantinoma of jaw	<i>Excision</i> ..	1	..	1	..

SECTION XXI

DISEASES OF THE TONGUE

Tumor:					
Carcinoma	<i>Excision</i>	2	..	3	..
Cyst, sublingual	<i>Excision</i>	1	..	1	..

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths

SECTION XXII

DISEASES OF THE ESOPHAGUS

Cardiospasm	<i>Esophagoscopy</i>	3	..	1	..
Diverticulum	<i>Cauterization</i>	1	..	2	..
Perforation	.....	1	..	..	..
Stricture	<i>Esophagoscopy</i>	1	..	2	..
Tumors:					
Carcinoma	.....	1	1	..	..
<i>Esophagoscopy</i>	.....	..	..	1	..
<i>Gastrostomy</i>	.....	..	..	1	1

SECTION XXIII

DISEASES OF THE STOMACH

Motor and secretory disturbances	.....	6	..	..	..
<i>Gastrectomy, partial</i>	.....	..	..	2	..
Tumors:					
Carcinoma	.....	23	2	..	..
<i>Gastrectomy, partial</i>	.....	..	..	4	1
<i>Gastro-enterostomy</i>	.....	..	..	7	1
Fibromyomata of stomach wall	<i>Excision</i>	1	..	1	..
Ulcer, gastric	.....	15	2	..	..
<i>Gastro-enterostomy</i>	.....	..	..	4	1
<i>Resection</i>	.....	..	..	6	1

SECTION XXIV

DISEASES OF THE INTESTINES

Adhesions, intestinal	<i>Lysis</i>	4	..	4	..
Appendicitis, acute and chronic	.....	175	1	..	..
<i>Appendicectomy</i>	.....	..	..	138	1
<i>Appendicectomy with drainage for abscess or peritonitis</i>	.....	..	..	22	..
Cecum mobile	<i>Fixation</i>	1	..	1	..
Colic, appendiceal	<i>Appendicectomy</i> ..	4	..	4	..
Colitis, ulcerative	<i>Ileostomy</i>	3	..	1	..
Constipation	.....	7	..	..	..
Diverticulitis of colon	<i>Transverse colostomy</i>	6	1	3	..
Diverticulosis of colon	.....	2	..	..	..
Diverticulum of duodenum	.....	3	..	..	..

REPORT OF THE SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSIS		OPERATIONS	
	Total	Deaths	Total	Deaths
Fistula, fecal <i>Closure</i>	3	..	1	..
Gastroenteritis	2	..	..	..
Hemorrhage, intestinal	3	..	..	..
Obstruction, intestinal	12	2	..	..
<i>Enterostomy</i> .....	..	..	8	1
<i>Lysis of adhesions</i> .....	..	..	1	..
Paralytic ileus	1	..	..	..
Transduodenal band <i>Division of band</i>	1	..	1	..
Tuberculosis <i>Resection</i>	2	..	1	..
Tumors:				
Adenocarcinoma of colon	10	6	..	..
<i>Resection and anastomosis</i> .....	..	..	8	5
Carcinoma of jejunum <i>Resection</i> ..	1	..	1	..
Carcinoma of recto-sigmoid	3	1	..	..
<i>Sigmoidostomy</i> .....	..	..	2	1
Ulcer, duodenal	54	1	..	..
<i>Closure of perforation and gastro-</i>				
<i>enterostomy</i> .....	..	..	2	..
<i>Gastro-enterostomy</i> .....	..	..	8	..
<i>Resection of pylorus-gastro-enteros-</i>				
<i>tomy</i> .....	..	..	17	..
Ulcer, gastrojejunal	2	..	..	..
Visceroptosis	1	..	..	..
Volvulus <i>Resection</i>	2	..	1	..

SECTION XXV

DISEASES OF THE LIVER AND
BILIARY TRACT

Abscess of liver	1	..	..	..
Adhesions about gall bladder <i>Lysis</i> ..	1	..	1	..
Cholecystitis, acute and chronic	18	..	..	..
<i>Cholecystectomy</i> .....	..	..	6	..
Cholelithiasis with cholecystitis, acute and				
chronic	90	6	..	..
<i>Cholecystectomy</i> .....	..	..	59	3
<i>Choledochostomy</i> .....	..	..	14	2
Cirrhosis of liver	2	1	..	..
Empyema of gall bladder <i>Cholecystostomy</i>	2	..	1	..
Hepatitis <i>Cholecystectomy</i>	7	1	2	1
Infarct of liver, postoperative	1	..	..	..
Jaundice, catarrhal and obstructive	8	..	..	..

PETER BENT BRIGHAM HOSPITAL

DISEASES AND CONDITIONS	DIAGNOSIS		OPERATIONS	
	Total	Deaths	Total	Deaths
Stone in common duct	1	1	..	..
Tumors:				
Carcinoma of common bile duct	1	1	..	..
<i>Cholecystectomy</i> .....	..	..	1	1
Carcinoma of liver	1	1	..	..
Sarcoma of liver, metastatic	1	..	..	..

SECTION XXVI

DISEASES OF THE PANCREAS

Pancreatitis, acute and chronic	4	..	..	..
Tumors:				
Carcinoma	7	2	..	..
<i>Cholecystduodenostomy</i> .....	..	..	2	1
<i>Cholecystgastrostomy</i> .....	..	..	2	..

SECTION XXVII

DISEASES OF THE ABDOMEN, ABDOMINAL WALL, AND PERITONEUM IN GENERAL

Abscess of abdomen <i>Drainage</i>	6	1	4	1
Abscess, subphrenic <i>Exploration</i>	1	..	1	..
Adhesions, pelvic <i>Lysis</i>	4	..	2	..
Ascites	2	..	..	..
Diastasis of recti <i>Repair</i>	2	..	2	..
Hemoperitoneum	2	..	..	..
Hernia, epigastric <i>Repair</i>	3	..	3	..
Hernia, femoral <i>Repair</i>	4	..	2	..
Hernia, femoral, strangulated <i>Repair</i>	3	..	3	..
Hernia, inguinal <i>Repair</i>	111	..	100	..
Hernia, inguinal, strangulated <i>Repair</i>	1	..	1	..
Hernia, internal	1	..	..	..
Hernia, internal, strangulated				
<i>Division omental bands</i>	1	..	1	..
Hernia, obturator	1	..	..	..
Hernia, umbilical <i>Repair</i>	5	..	2	..
Hernia, umbilical, strangulated <i>Repair</i>	1	..	1	..
Hernia, ventral <i>Repair</i>	17	..	13	..
Peritonitis, acute <i>Drainage</i>	9	1	3	..
Tuberculosis of peritoneum	3	..	..	..

REPORT OF THE SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Tumors:				
Carcinomatosis, abdominal	6	2	..	..
Lipoma of abdominal wall <i>Excision</i>	2	..	1	..
Lymphosarcoma, retroperitoneal	1	1	..	..
Sarcoma, retroperitoneal <i>Excision</i>	1	..	1	..
SECTION XXVIII				
DISEASES OF THE RECTUM AND ANUS				
Abscess, perianal <i>Incision—drainage</i>	19	..	14	..
Anal fissure <i>Dilatation or excision</i> ..	9	..	5	..
Fistula in ano	18	..	..	..
<i>Excision</i> .....	..	..	13	..
<i>Incision</i> .....	..	..	2	..
Hemorrhoids, external or internal	91	1	..	..
<i>Hemorrhoidectomy</i> .....	..	..	84	1
Pruritis ani	1	..	..	..
Spasm of rectum <i>Dilatation</i>	1	..	1	..
Stricture of rectum (non-malignant)	5	..	..	..
<i>Sigmoidostomy</i> .....	..	..	1	..
Tumors:				
Adenocarcinoma of rectum	20	2	..	..
<i>Excision and sigmoidostomy</i> .....	..	..	12	2
Adenoma of rectum	2	..	..	..
Polyp of rectum <i>Excision</i>	2	..	2	..
SECTION XXIX				
DISEASES OF THE LARYNX				
Paralysis of vocal cord	1	..	..	..
SECTION XXX				
DISEASES OF THE TRACHEA AND BRONCHI				
Asthma	3	..	..	..
Bronchiectasis	3	..	..	..
Bronchitis, acute and chronic	15	..	..	..
Fistula, bronchial	1	..	..	..
Stenosis of bronchi <i>Dilatation</i>	1	..	1	..
Tumor:				
Carcinoma of bronchus <i>Bronchoscopy</i>	1	..	1	..

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths

SECTION XXXI

DISEASES OF THE LUNGS

Abscess <i>Bronchoscopy</i>	4	..	3	..
Atelectasis (post-operative)	3	..	..	..
Bronchopneumonia (post-operative)	20	1	..	..
Embolism, pulmonary	5	..	..	..
Emphysema of lungs	4	..	..	..
Hemoptysis (cause unknown) <i>Bronchoscopy</i>	1	..	1	..
Infarct of lung	8	..	..	..
Pneumoconiosis	1	..	..	..
Thrombosis, pulmonary	1	..	..	..
Tuberculosis	22	..	..	..
Tumor:				
Carcinoma <i>Bronchoscopy</i>	4	..	3	..

SECTION XXXII

DISEASES OF THE PLEURA AND MEDIASTINUM

Empyema <i>Thoracostomy</i>	16	..	16	..
Pleurisy, sero-fibrinous	5	..	..	..
Pyopneumothorax	1	..	..	..

SECTION XXXIII

DISEASES OF THE KIDNEY AND URETER

Abscess, perinephric <i>Drainage</i>	1	1	1	1
Calculus, ureteral <i>Removal</i>	18	..	5	..
Colic, renal and ureteral	3	..	..	..
Hydronephrosis <i>Nephrectomy</i>	4	..	1	..
Nephritis, acute and chronic	3	..	..	..
Nephrolithiasis	29	..	..	..
<i>Nephrectomy</i> .....	..	..	5	..
<i>Nephrotomy, pyelotomy or both</i> ....	..	..	14	..
Nephroptosis <i>Nephropexy</i>	3	..	3	..
Pyelitis <i>Ureterolysis</i>	30	..	1	..
Pyelonephritis	7	1	..	..
<i>Nephrectomy</i> .....	..	..	1	..
<i>Pyelotomy</i> .....	..	..	1	..
<i>Transplant ureter into sigmoid</i> .....	..	..	1	1

REPORT OF THE SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Pyonephrosis <i>Nephrectomy</i>	7	2	1	..
Stricture of ureter <i>Dilatation</i>	3	..	1	..
Tuberculosis of kidney and ureter	11	2	..	..
<i>Nephrectomy</i> .....	..	..	7	1
Tumors:				
Carcinoma of ureter	1	1	..	..
Cyst of kidney <i>Excision</i>	2	..	2	..
Hypernephroma <i>Nephrectomy</i>	3	..	1	..
Sarcoma of kidney	1	..	..	..
Tumor, unclassified, of kidney	3	..	..	..

SECTION XXXIV

DISEASES OF THE BLADDER

Abscess, perivesical <i>Cystostomy</i>	2	..	1	..
Calculus, vesical <i>Removal</i>	6	..	4	..
Cystitis <i>Cystostomy</i>	19	..	1	..
Diverticulum of bladder <i>Excision</i> ..	1	..	1	..
Incontinence of urine	7	..	..	..
<i>Kelley support of urethra</i> .....	..	..	3	..
Retention of urine	1	..	..	..
Rupture of bladder <i>Suture</i>	1	..	1	..
Tuberculosis <i>Ureterotomy</i>	1	..	1	..
Tumors:				
Carcinoma	13	4	..	..
<i>Cystostomy</i> .....	..	..	5	3
<i>Cystostomy with excision or implan-</i> <i>tation of radium</i> .....	..	..	5	1
Papilloma <i>Cystostomy with excision</i>	3	1	2	1

SECTION XXXV

DISEASES OF THE URETHRA, MALE AND FEMALE

Abscess, periurethral <i>Incision—drainage</i>	1	..	1	..
Caruncle of urethra <i>Excision</i>	1	..	1	..
Deformity of urethra, acquired	1	..	..	..
Extravasation of urine	1	..	..	..
Fistula, urethral	2	..	..	..
Prolapse of urethra <i>Cauterization</i> ..	2	..	1	..
Stricture	9	..	..	..
<i>Dilatation</i> .....	..	..	2	..
<i>Urethrotomy</i> .....	..	..	2	..

PETER BENT BRIGHAM HOSPITAL

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths

SECTION XXXVI

DISEASES OF THE MALE GENERATIVE ORGANS

A. GENERAL

Hemospermia	1	..	..	..
Tuberculosis <i>Epididymectomy</i>	1	..	1	..

C. PROSTATE

Prostate, obstructing	69	10	..	..
<i>Cystostomy, suprapubic</i> .....	..	..	3	..
<i>Prostatectomy, perineal or suprapubic</i> ..	..	..	45	8
<i>Prostatectomy, punch</i> .....	..	..	3	..
Prostatitis	9	..	..	..
Tumors:				
Adenoma	2	..	..	..
Carcinoma	15	1	..	..
<i>Cystotomy, suprapubic</i> .....	..	..	5	1
<i>Implantation of radium</i> .....	..	..	7	..
<i>Prostatectomy, perineal or suprapubic</i> ..	..	..	8	..

D. SCROTUM

Hydrocele <i>Excision</i>	17	..	16	..
Spermatocele <i>Excision</i>	3	..	1	..
Varicocele <i>Excision</i>	5	..	5	..

E. SEMINAL VESICLES

Tumors:				
Cyst <i>Drainage</i>	1	..	1	..
Vesiculitis <i>Vasotomy</i>	3	..	2	..

F. TESTICLE

Abscess of epididymis <i>Incision—drainage</i>	1	..	1	..
Atrophy of testicle <i>Orchidectomy</i> ..	1	..	1	..
Epididymitis	6	..	..	..
<i>Epididymectomy</i> .....	..	..	1	..
<i>Epididymotomy</i> .....	..	..	1	..
Tumors:				
Carcinoma <i>Excision</i>	1	..	1	..
Undescended testicle <i>Orchidopexy</i> ..	3	..	2	..

REPORT OF THE SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
SECTION XXXVII				
DISEASES OF THE FEMALE GENER- ATIVE ORGANS				
A. GENERAL AND FUNCTIONAL				
Amenorrhea	1	..	..	..
Dysmenorrhea <i>Dilatation—curettage</i>	4	..	4	..
Dyspareunia <i>Dilatation</i>	1	..	1	..
Menorrhagia <i>Dilatation—curettage</i> ..	11	..	7	..
Relaxed pelvic floor	58	..	..	..
<i>Local repair</i> .....	..	..	13	..
<i>Local repair with suspension of</i> <i>uterus</i> .....	..	..	33	..
<i>Local repair with hysterectomy</i> ....	..	..	2	..
Sterility	4	..	..	..
F. FALLOPIAN TUBES				
Hematosalpinx <i>Salpingectomy</i>	1	..	1	..
Hydrosalpinx <i>Salpingectomy</i>	4	..	4	..
Salpingitis, acute and chronic <i>Salpingectomy</i>	39	..	20	..
C. OVARY				
Abscess <i>Oophorectomy</i>	1	..	1	..
Oophoritis, acute	2	..	..	..
Ruptured Graafian follicle <i>Oophorectomy</i>	2	..	1	..
Tumors:				
Adenocarcinoma <i>Oophorectomy</i> ..	5	1	3	1
Cyst of ovary (varia) <i>Excision</i> ..	44	..	38	..
Cystadenoma <i>Oophorectomy</i>	3	..	3	..
Fibroma <i>Excision</i>	3	..	2	..
D. UTERUS				
Anteflexion of uterus	4	..	..	..
<i>Dilatation—curettage</i> .....	..	..	3	..
<i>Suspension</i> .....	..	..	1	..
Endocervicitis, chronic	78	..	..	..
<i>Curettage or excision</i> .....	..	..	57	..
Endometritis (varia)	33
<i>Dilatation—curettage</i>	26	..
<i>Hysterectomy, supravaginal</i>	3	..

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Laceration of cervix-uteri	25	..	..	..
<i>Amputation</i> .....	..	..	7	..
<i>Trachelorrhaphy</i> .....	..	..	8	..
Metrorrhagia	3	..	..	..
<i>Dilatation—curettage with implanta-</i> <i>tation of radium</i> .....	..	..	3	..
Retroversion of uterus <i>Suspension</i> ..	44	..	40	..
Stricture of cervical canal	1	..	..	..
Tumors:				
Adenocarcinoma of uterus	3	1	..	..
<i>Dilatation—curettage</i> .....	..	..	2	..
<i>Hysterectomy</i> .....	..	..	2	1
Adenomyoma of uterus	1	..	..	..
Carcinoma of cervix-uteri	8	..	..	..
<i>Excision</i> .....	..	..	1	..
<i>Hysterectomy</i> .....	..	..	1	..
Carcinoma of uterus	4	..	..	..
<i>Excision</i> .....	..	..	1	..
<i>Hysterectomy</i> .....	..	..	1	..
Fibromyoma of uterus	59	..	..	..
<i>Hysterectomy, supravaginal</i> .....	..	..	41	..
<i>Myomectomy</i> .....	..	..	10	..
Polypus of cervix-uteri <i>Excision</i> ..	14	..	10	..
E. VAGINA				
Fistula, vesico-vaginal <i>Repair</i>	2	..	1	..
Laceration <i>Excision</i>	2	..	1	..
F. VULVA				
Abscess of Bartholin's gland <i>Excision</i>	4	..	4	..
Tumor:				
Carcinoma of vulva <i>Excision</i>	1	..	1	..
Vulvitis	1	..	..	..
SECTION XXXVIII				
PUERPERAL STATE				
Abortion, complete and incomplete	18	2	..	..
<i>Dilatation—curettage</i> .....	..	..	13	1
Abscess, pelvic (puerperal) <i>Drainage</i>	1	..	1	..
Endometritis, acute (puerperal)	2	..	..	..
Galactoceles	1	..	..	..

REPORT OF THE SURGEON-IN-CHIEF

DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Mastitis, lactative	1	..	..	..
Pregnancy, normal	13	..	..	..
Pregnancy, extrauterine	8	..	..	..
<i>Salpingectomy</i> .....	..	..	3	..
<i>Salpingo-oöphorectomy</i> .....	..	..	4	..
Retained secundines	1	..	..	..
Thrombosis, puerperal	1	..	..	..
Toxemia of pregnancy	1	..	..	..
<i>Dilatation—curettage</i> .....	..	..	1	..
SECTION XXXIX				
DISEASES OF THE BREAST, MALE AND FEMALE				
Abscess <i>Incision—drainage</i>	2	..	1	..
Cystic disease of breast <i>Excision</i>	15	..	14	..
Mastitis, acute	2	..	..	..
<i>Amputation</i> .....	..	..	1	..
<i>Excision</i> .....	..	..	1	..
Paget's disease of nipple <i>Amputation</i>	1	..	1	..
Tumors :				
Carcinoma <i>Radical amputation</i> ..	19	2	18	2
Fibroma <i>Excision</i>	2	..	2	..
SECTION XL				
ANAPHYLAXIS				
Asthma	1	..	..	..
Serum sickness	2	..	..	..
SECTION XLI				
ABNORMALITIES OF URINE				
Anuria	1	..	..	..
Hematuria	2	..	..	..
SECTION XLII				
ILL-DEFINED OR UNCLASSIFIED DISEASES				
Debility	2
Decubitus	1

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DISEASES AND CONDITIONS	DIAGNOSES		OPERATIONS	
	Total	Deaths	Total	Deaths
Fever, cause unknown	3	..	..	..
Hemorrhage, post-operative	2	..	..	..
Ingrowing toenail <i>Excision</i>	2	..	2	..
Shock, surgical	3	..	..	..
Undiagnosed	54	..	..	..
<i>Appendicectomy</i> .....	..	..	6	..
<i>Cholecystectomy</i> .....	..	..	1	..
<i>Exploratory laparotomy</i> .....	..	..	4	..
Wound of operation <i>Secondary suture</i>	5	..	1	..
	3737	135	1930	89

REPORT OF THE SURGEON-IN-CHIEF

Summary of Statistics

JANUARY 1, 1928, TO JANUARY 1, 1929

Total number of surgical admissions in 1928	2,584	
Total number of cases remaining in wards, Jan. 1, 1928	107	
	<hr/>	2,691
Total number of surgical cases discharged or transferred	2,442	<hr/>
Total number of deaths	135	
(Post-operative 89—Non-operative 46—total 135)		
	<hr/>	2,577
Total number of cases remaining in wards, Jan. 1, 1929	114	
	<hr/>	2,691
Total number of operations	1,930	<hr/>
Incidental operations	173	
	<hr/>	2,103
		<hr/>

Report of the Physician-in-Chief

SOME MISSED PEDAGOGIC OPPORTUNITIES INCIDENT TO THE USUAL ORGANIZATION OF THE RESIDENT STAFF OF A HOSPITAL

REPEATEDLY, we have been told that the function of the hospital is threefold, the care of the patient, the education of physicians and nurses, the advancement of medical knowledge, or, in fewer words, curative, educational, investigative. To accomplish these ends, the organization and construction of the hospital is planned. Improvement in means to any one of these ends necessarily leads to improvement in the other aspects of the organization, for these three functions are interwoven so intimately that it is almost impossible to define the bounds of any of them. Today, it is accepted generally that a teaching hospital, that is, one in close union with a medical school, has an advantage over a non-teaching hospital, in fact is a better hospital. These themes have been developed so well by many writers during the last few years, that it is needless to offer arguments now for any of them; they will be regarded as proved theses. We may assume that patients receive best care in those institutions in which the educational and investigative functions have attained the highest development.

If this is true, then let us examine our hospitals to see in how far accepted pedagogic principles are being applied or how far they can be applied with the usual organization of our hospitals.

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In our medical schools in the present period, we find a number of things being stressed as means to the better education of students for the practice of medicine. The number of hours of required work is being reduced and free time is being provided in the curriculum so that the student may follow his own devices. The student is being encouraged to occupy this time in thoughtful reading and in acquiring experience in the methods of investigation by actually undertaking some minor investigation. All of his work is under the advisory guidance of a very large instructional force, planned to bring about intimate contacts between student and teacher. His teachers are selected in part on the basis of their professional knowledge and experience as teachers, and in part on the basis of their ability as productive investigators. The teachers are encouraged to continue as investigators. The actual teaching is conducted in very large measure by providing to the student the opportunity to do for himself and to carry out, under guidance, the actual practice of medicine. It is recognized that the great majority of medical students, after graduation, will practice medicine in some way as a means of livelihood. They are being trained for a professional contact with well-to-do individuals as well as with those who by misfortune are to be grouped as charity patients. The medical curriculum is planned to permit the student to devote sufficiently long periods of time to any one subject to acquire a reasonably effective knowledge of it. A thorough study of fewer things is regarded as a better educational method than acquiring meager knowledge of many things. The aim is to acquire greater power to utilize correlated

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knowledge at the cost, perhaps, of knowing fewer isolated facts.

Having in mind these various principles as applied in the medical school, let us examine the usual organization of our hospitals. In order not to use too much space, I will confine my attention to one phase of the hospital organization, namely, the resident staff. Practically all of our medical schools now take the attitude that their curricula no longer prepare for the practice of medicine, but merely lay the foundation for the next step in the education of the medical student, which is serving as a member of the resident staff of a hospital. A resident service in a hospital has been accepted as a definite, indispensable part of medical education. But is the resident service in our hospitals developed in measure proportionate to its recognized importance in the education of physicians? To me it seems that today the hospital service in general is by far the weakest part of medical education.

The medical schools require now less of specified hours in a routine curriculum and afford the student free time for thoughtful reading and for investigation. The hospital on the other hand is tending in just the opposite direction. The proportion of resident staff to number of patients is increasing very slowly and the actual amount of routine work done on each patient is increasing very rapidly, while the time of stay in the hospital for this is decreasing. The result is that in almost every hospital, the conscientious house officer is occupied perpetually in routine work, which the less conscientious man shirks and being less conscientious, fritters this time away. In this day and time of mechanical devices to facilitate clerical work, the majority of hospitals still confine labor-saving devices to

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their administrative offices, while patients' records are laboriously and often illegibly prepared in handwritten form. Cheaper labor than that of the college-trained graduate of a medical school should be utilized to afford to the visiting staff easily utilizable records of their patients. No hospital longer should be regarded as satisfactorily organized until it has sufficient clerical force to turn out promptly for each patient a typed history, physical examination, laboratory record, progress notes, made by dictaphone or stenographic process. This should be the first step in providing to the members of the resident staff greater time to carry on their post-graduate education, which is one of the functions of the hospital.

Apart from time saved in this method of making patients' records, there is another important element gained in that the records themselves immediately become more complete and more readily utilized in the intelligent care of the patients. Could anything be more calculated to encourage incomplete records than the realization by the man who obtains the information that the more he obtains, the longer the period of laborious penmanship? Many a hospital interne spends long hours each day in writing records often difficult to decipher and little used on that account by the visiting staff to the detriment of the best interests of the patients, time practically a total loss from an educational point of view. Instead of providing the mechanical improvements of clerical service now in use in every business office, the hospital very commonly substitutes printed forms for patients' records, to be filled out by checking words and filling in blanks, which give the same space for description whether the organ whose function is to be described is normal or

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presents a most interestingly complicated departure from normal. Form records save time, but such records at best are mediocre and add another factor to that mediocrity which is the penalty of hospital standardization that improves the poorer but may retard the development of the better, a result which it appears to me to come from much of the standardization work of various organizations.

If you will turn to the ratio of resident staff to patients in most of our hospitals, a ratio in some states actually legalized by the requirements for medical registration, you will find another source of the crowding of the hours of the resident staff with routine to the exclusion of those hours so needed for his professional development by thoughtful reading and some time for investigation. With few exceptions, our hospitals have too few members of their resident staffs to give to patients a genuinely adequate service, and to the resident staff the post-graduate medical education they deserve. If this is true of medical services, it is even more so of surgical services in which so much of the staff's time is spent in mechanical manipulation. It always has seemed to me that both surgical and medical services should have a much larger ratio of resident staff to patients than they do in almost every hospital in our country as an effective way of improving hospital service to patients and making of them better organized institutions in their educative and investigative functions. Free time now is needed in hospitals for resident staff far more than it is in medical schools for medical students. It will not be available until there are more members of the resident staff in ratio to patients and patients' turn-over than at present in practically every hospital in the land.

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Experience has shown the great importance to the hospital of a super-resident staff. As already pointed out, medical education has improved by giving the student the opportunity to do for himself under trained guidance. Hospitals, in general, are deficient in trained guidance and especially that sort of guidance that would be supplied by a staff of well-trained assistant residents and residents educated in different medical schools and working under the supervision of a competent chief of service and his assistants.

In many hospitals, assistant residents and residents are too largely concerned in special investigation and too little in the management of patients; in some hospitals, they have no duties concerned with patients. This is all wrong. Some time they should have for special investigation, but part of their time should be occupied in the care of patients and for this they should have responsibility. The chief aim of the hospital is to train practitioners rather than investigators. Some investigation is a needed part of such training, but the practitioner-to-be at all times should be practicing some of the art of medicine. As not all house officers or internes can become assistant residents, the duties of the latter should be so arranged that the house officer or interne retains a considerable amount of personal responsibility for patients without which no man can be trained to become a capable practitioner. It is quite possible so to plan the duties of each that both house officers and assistant residents have a duty in the care of patients; patients themselves, too, are better cared for by such an arrangement, which means improvement in the service rendered by the hospital, and house officers are better trained with such a relationship to a group composed

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of assistant residents and residents, wisely selected from a wide range of applicants representing many schools.

As those that go through the resident service, as a rule, are to practice medicine, it has always seemed to me a curious anomaly that in so many hospitals, house officers are denied all contact with private patients. Why should they not be trained to have professional contact with well-to-do individuals when in future years their livelihood is to depend on being successful with well-to-do patients? My own experience has been that it is entirely possible to include in the regular service of each group of house officers and assistant residents, a sufficient number of private patients to insure their having gained by practice a useful experience in managing well-to-do patients. Furthermore, it seems to me that these men with some constant contact with well-to-do patients, as a result, treat the ward patients more as human individuals than is the case when all of their contacts have been with charity patients. I believe that the hospital which allows its house officers no regular responsible contact with private patients of the same nature as their contacts with ward patients is pedagogically deficient. Finally, in many hospitals by reason of not coming under the supervision of the resident staff, private patients, actually, are less well cared for than are ward patients. In final analysis, these hospitals, and alas they are still numerous, in which private patients have no members of the resident staff assigned to their care, are not hospitals in the modern sense of the word, but merely nursing homes. I do not believe that any hospital that fails to have members of a resident staff in actual care of all patients, both public and private,

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should receive a rating as a satisfactory hospital from such organizations as the American Medical Association, the American College of Surgeons, etc., whatever may be the eminence and quality of the visiting staff.

In medical schools, as already pointed out, the tendency has been to arrange the curriculum to afford more time to the more essential features of medical education and to stress a thorough knowledge of fundamental things at the sacrifice of knowing fewer isolated facts. Many things formerly included in the medical curriculum are being eliminated. Just the same process is going on in academic curricula. In hospitals, the short time, mixed service is so diametrically opposed to this trend, that it seems strange that it is tolerated for other than temporary, make-shift purposes instead of being advised by many organizations concerning themselves with hospital improvement. It is my experience that men who have had such short time (twelve to eighteen months) mixed services actually make less efficient members of a resident staff than do those who come without mixed service into the hospital, direct from the medical school. In other words, not alone have they lost time measured in months, but they have deteriorated by reason of superficial knowledge and poor methods which seem to go with this mixed type of hospital service. This opinion of mine is confirmed by that of others. I know of a surgeon who says that he prefers for his service those men who have had no surgical training beyond medical school training to the men who have had a few months of surgery in a mixed service, even that in his own institution, because the latter have to be untaught so much. I hope that the various com-

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missions now studying the problem of training doctors will come out very strongly against the short time (twelve to eighteen months) mixed hospital service, and I feel very confident that they will. Particularly unfortunate does it seem to me has been the inclusion in state laws, regulating admission to practice, of the requirement of having had such a type of mixed hospital service. Medical educators today are handicapped in improving medical education by too detailed requirements of medical curricula that were legalized a decade or more ago. The same may be true for those working to improve hospital organization, if such requirements regarding the "hospital year" become legalized generally as already has been done in some states, for example, as in Pennsylvania, where ratio of patients to interne, varieties of service, surgery, medicine, gynæcology, obstetrics, etc., all are specified in the law.

It seems to me that best results are obtained when the membership in the resident staff is not limited to any one school or locality. My own experience has been that too many of my own pupils as members of my resident staff is detrimental to its efficiency, and I can but feel sorry for those of my colleagues whose junior resident staff is composed of a group selected from one medical school on the basis of the quality of medical school work. I feel personally so strong a debt of gratitude to the inspiration I have received in past years from a resident staff selected on the basis of competition from graduates of any medical school, that I should hate to see my selection limited to graduates of my own medical school, though I believe that that particular school on the average gives as good a training as does any medical school.

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I have said enough, I think, to give my viewpoint based on twenty-five years of experience in the teaching of medical students and twenty years as chief of a hospital medical service.

The above has been the guiding principle in planning the organization of the medical service at the Peter Bent Brigham Hospital and its progressive enlargement of both resident and visiting staff. The staff is a post-graduate school of medicine for every member from the house officer beginning his service up to the physician-in-chief. Unless this is true, the hospital is failing in one of its very important functions.

DENTAL HYGIENE

Progress in medicine, as in most things, takes an undulatory course. This force and that swing a pendulum beyond the point of stable equilibrium, now in this direction, now in that. In time the pendulum returns to equilibrium, rests a while and again is set swinging by another force. Theories in medicine act like these forces on a pendulum and medical ideas swing back and forth all of the time. Relatively a few years ago the theory of focal infection was advanced in explanation of many of the subacute and chronic ills of the body. Many cases were reported, which indicated a direct causal relation to foci of infection, eradication of which resulted in cure. That such relations do exist none would deny, but that they are of such extreme frequency, as believed by many, seems improbable.

The theory once advanced, like the pendulum, seems to have swung too far in one direction. Of all possible foci of infection, teeth, perhaps, most often have been incriminated as causes of disease. This has re-

sulted in more careful examination of the teeth and better dental hygiene, all of which is desirable. On the other hand hordes of sound teeth have been extracted in the belief that they were serving as foci of infection, and in medical circles sight has tended to be lost of the importance of well-cared-for teeth as organs of mastication, necessary to normal digestion. Proper dental hygiene not alone improves the masticatory function of the teeth but decreases the frequency of infection about the teeth, and so among its other advantages is the prevention of the teeth acting in the role of foci of infection.

If any one will consult our hospitals histories or inspect the mouths of patients in either the wards or out-door department of the Peter Bent Brigham Hospital, they will be convinced that good teeth are the exception in our patients. Pyorrhea, dental caries, missing teeth are almost the rule in these patients, and X-ray reveals frequent infection at tooth roots. With these bad teeth go foul-smelling mouths, exuding pus and bacteria from about the teeth, which most assuredly hinder normal appetite and good digestion. Missing teeth result in unopposed grinding surfaces, poor mastication and bolting into the stomach of food parts too coarse for prompt digestion. In my opinion these dental defects contribute more frequently to ill health than do teeth in the role of focal infections. Yet teeth as possible sources of infection receive much consideration, while teeth as defective masticatory organs are getting scant attention in the hospital. The reason perhaps is that the former is relatively simple, quick to carry out and not expensive; a suspicion, an X-ray, an extraction; on the other hand the latter is time consuming and consequently expensive. Moreover, at

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present for dental hygiene we pass the buck to the dental clinics with the result that relatively little of the needed work is accomplished.

I often wonder whether we could not accomplish far more than we do for our patients, had we the machinery for providing the needed dental hygiene for them. As I travel about, I find that many hospitals do have dental chairs, dental hygienists and available dental surgeons, none of which we possess. Thus elsewhere more attention is given to the teeth of the patients than with us but in all probability still far less than is needed. Why should we not undertake this sort of work? It seems to me that we should.

Dental work in hospitals will never be effective unless some of the work can be done in the hospital, and there be provision for the dental inspection of the mouths of all patients with some regular arrangement by which these patients can be sent to a dental clinic, where their diagnosed dental deficiencies will be corrected.

Since the opening of the hospital we have had an unpaid consulting dental surgeon, but this arrangement never has been satisfactory. The men, who have served in this capacity, have given us of their knowledge freely, but they can never be expected and should not be asked to devote enough of their time to care for all of the work required even in ward patients. As I see it for him, there is nothing of training and little of interest to justify our asking him to spend much of his time in our service, and yet we actually need many hours of his time, if the dental work needed for our patients is done even approximately thoroughly.

We need a salaried part-time dental surgeon to supervise and whole-time paid workers in the care of

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patients' mouths. We need dental chairs and dental instruments. We need a place for them. (The basement rooms now used by record stenographers would do very well for the latter.) To install these facilities would improve greatly our care of patients. It would cost a moderate sum. There would be needed an annual expenditure for salaries. In my judgment such expenditure would add a far more than proportional improvement in the care of our patients. By such a plan some of the most necessary work could be done for ambulatory patients coming to the Out-Door Department in addition to the work done for ward patients. However, for Out-Door Department patients the volume of work would be too great for such a modest outlay as proposed above and should be cared for by some large dental clinic willing to cooperate with the Peter Bent Brigham Hospital in doing the work and reporting back to us what has been done in order that our records could contain this data as a complete story of the treatment carried out.

ENLARGED LABORATORY AND RECORD ROOM SPACE

The need for increased space for the laboratory work of medical, surgical and pathological services has been referred to in previous annual reports. The need of this space becomes increasingly marked each year, as new make-shifts are put into effect to accommodate workers, ready and willing to investigate problems whose solution would add to the efficiency of the care of our patients.

No one can foretell when such work will result in something of extremely great import, such as was the case with the liver treatment of pernicious anemia,

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referred to in the last annual report, a treatment which in a very brief space of time has become world wide in use and has received general acceptance as the only satisfactory way to treat this disease which, before liver treatment, was almost invariably fatal. The boon that insulin has been to the diabetic is another example of the great importance that may attach to clinical investigation such as the Peter Bent Brigham Hospital is in a position to carry out. With both of these discoveries it is noteworthy that, though animal experimentation played a part, it was only on the human patient with the disease that the bulk of the critical studies could be made. It is solely in the hospital that most new methods of diagnosis and treatment can be investigated, and hence the importance of providing our hospitals with entirely adequate laboratory facilities and the money to finance investigation, so that such investigations may be made.

As pointed out last year, with us into the problem of larger laboratories dovetails the need of larger and better quarters to house and use our clinical records. Clinical records, too, are of great importance in clinical investigation. As the Peter Bent Brigham Hospital in order to give needed laboratory space, the now poorly equipped and greatly overcrowded rooms used to make, index and house hospital records should be vacated and new and adequate quarters provided for this work.

Last summer on recommendation of the executive committee of the staff the trustees of the hospital authorized the preparation of preliminary plans and estimates of cost of an addition to the laboratory and a new building for records. Since then, so far as the writer knows, nothing more has been done about this

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important matter. He would urge again on the trustees the importance of further action in this matter. A sum of \$150,000 probably would make possible the completion of both projects.

OUT-DOOR DEPARTMENT

Dr. Fitz remained in charge of the Out-Door Department until October first when the Physician-in-Chief took over the duty, spending two hours three mornings in the week in this department of the Medical Service of the Hospital. On two other mornings Dr. Murphy has been in the Out-Door Department for a similar period of time. This arrangement continued to the end of the current year.

In the annual reports of 1926 and 1927, Dr. Sturgis and Dr. Fitz, respectively, made extensive reports on the medical work in our Out-Door Department incorporating a number of recommendations for improvement of this service. All definite recommendations of each now have been put into effect including the new form of record card, devised by Dr. Fitz, with a resultant improvement in the work.

Certain criticisms of the work were made by them emphasizing weaknesses in the work. These have been recognized, but so far no satisfactory way of improving several of these conditions has been devised. Some are deficiencies apparently inherent in a system of handling ambulatory patients, which necessitates the examination and treatment of large numbers of patients daily by a proportionably small staff. The appointment system certainly has improved conditions by giving a more uniform flow of patients with more time for their study, and in the last few months the time for new patients to be seen for the first time by

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members of the resident staff has been increased to thirty minutes and to new patients, seen first by clinical clerks (senior students), is allotted from one hour to one hour and a half for the primary history, physical examination, simple laboratory study and a check on these findings by a member of the visiting staff. All of the new patients can and usually do return on subsequent days for any needed special examinations, so that in the course of a short time all methods of examination carried out in the wards, with very few exceptions, are applied to our ambulatory patients. The appointment system makes possible the return of the patients at such time as is convenient for these special examinations and for such length of time as is needed at each visit, the range of time for return visits being from five to twenty minutes. Intelligent use of these possibilities should provide for each patient enough time for his satisfactory study. Obviously, however, the more time given to each patient, the less the total number of patients that we can handle per day or per year. Still, it is more important to do good work than to handle many patients. Actually with the present system many patients can be treated, and each have such time devoted to him as is necessary for reasonably thorough and good work.

The records of patients in the Out-Door Department is a difficult problem, as pointed out by Dr. Fitz in last year's report. Gradually these records of individual patients are being improved. Just how complete they should be is open to discussion. All essential positive findings and important negative ones should be recorded. Social service records, at least the important data, in my opinion should be combined in some way with the medical and surgical Out-Door

Department cards and I so recommend. Better utilization of house records in connection with return visits to the Out-Door Department of patients formerly in the house could and should be facilitated by a prompt messenger service. To my mind a good reason for separate house and Out-Door Department records lies in the fact that so many of the Out-Door Department patients have minor illnesses, requiring no elaborate record, and these would be a heavy incubus on any plan of clinical history begun in the Out-Door Department and continued in the house. After all relatively few Out-Door Department patients need to enter the House, and many of the House patients returning to the Out-Door Department are discharged for follow-up in the special clinics in which special forms of recording are used suited to the different needs of the particular disease of the patient. For these and other reasons, I doubt the utility of attempting for Out-Door Department patients the type of complete, typewritten history record used for house patients, even had we the time, clerical force and money required for it.

A single history record for any given patient covering all admissions to any part of the hospital would have many advantages and save much duplication. No plan, so far suggested, however, has seemed practical enough in the details of its working to justify adoption by us. Doing away with separate services, as suggested in previous reports, would be a step in the direction of the single history system. However, there are great difficulties in fusing Out-Door Department and house records into a system with everything about each patient contained in a single continuous clinical record. The readmission of patients

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after long intervals of time is another difficult feature to care for, as it necessitates the perpetual handling of each history as a unit in some form, that is strongly bound with the possibility of easy insertion of new pages, while being inexpensive. As I have seen the plan elsewhere, the records are either poorly protected from damage while being used, or their cost is prohibitive in as much as the expenditure involved is entirely out of proportion to any actual benefit to patient and hospital staff. Little by little I am sure our Out-Door Department records will continue to be improved, and eventually an ideal system will be evolved and instituted.

Another unsolved problem in our Out-Door Department is how to get to the referring physician an adequate report of our findings and suggestions as to treatment. If we ran a separate diagnostic clinic, it would be easy enough of accomplishment, were there a stenographer available at the end of the clinic hours. With patients of this type coming at any hour throughout the day, and with the staff needing to take up promptly the next patient on the appointment list, it is doubtful if the one who can give the best report, namely the man who has just seen the patient, and the needed stenographer can be gotten into touch with each other by any system of reasonable cost. A brief report is sent to the referring physician, but I fear that in its present form it is little more than a gesture of willingness to cooperate. However, some way to improve this should be found. After all, the great difficulty with all ambulatory clinics is that they are too large. How to keep them from increasing is the real problem. Could we turn back to local practitioners many more patients, most of our problems in the

management of the Out-Door Department would be solved.

It is the plan for a senior member of the staff in rotation to be in charge of the medical Out-Door Department and during this period to make of it his major interest. So far Dr. Sturgis, Dr. Fitz and Dr. Christian have served in this way. Their study of the problems of the Out-Door Department gradually will result in better ways of handling ambulatory patients. As work is improved, the patient, who safely can be ambulatory, will be managed entirely in the Out-Door Department and only sent to the wards for special treatments, including surgery, not capable of being carried out in the patient's home. This will free beds in the hospital for such special treatments and for the care of the acutely ill patient. To enhance further the efficiency of our service, there should be more beds available for convalescent patients and those with chronic diseases. Both now frequently occupy our beds to the exclusion of others who would profit more from hospital care.

Always in the Out-Door Department there are too many patients for each to receive such care as we would like to give them. If anyone could devise a way to prevent patients coming to a hospital, who should be treated in private practice, a great boon would be conferred on the hospitals. There is much complaint by outside physicians that hospitals take their patients, but the hospital has more than it wants. The problem with us is how to prevent the abuse of patients coming, who ought to go to private physicians and pay for his services. We do the best we can to prevent this, but I hope some of the committees, appointed by various medical societies to study "hos-

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pital abuses," will evolve some better plan by which this can be satisfactorily brought about. To keep out such patients would be pleasing not alone to the physicians, who complain that the hospital receives patients that should go to him, but to the hospital, for it would reduce the number of patients to be cared for and this is highly desirable.

During the year there has been no important change in the groups of special cases and their management. The various members of the staff supervising special groups have given much of their time and out patients have benefited thereby. Nurses and social service workers have cooperated effectively and been of the greatest help in caring for patients.

REUNION IN CELEBRATION OF 15TH ANNIVERSARY OF OPENING OF THE HOSPITAL

During 1928 was held the second reunion of those who have been members of the professional, administrative and nursing staffs of the Peter Bent Brigham Hospital. April 26, 27 and 28 was chosen and on these days all past members of the hospital family were invited by the hospital trustees to gather with the present family to celebrate the 15th anniversary of the opening of the Peter Bent Brigham Hospital. To the great gratification of all of us now serving the hospital, many returned and a most enjoyable three days were spent in scientific meetings and social gatherings. The program, as carried out, will be found in the Report of the Superintendent in an earlier page of this volume.

Part of the program was given by past members and part by present members of the staff. Those of us still of the present staff filled with pride, as

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we listened to the papers of past members and noted the important roles they were filling in the medical world. To have had a part in the training of these is a source of great satisfaction to the staff of the Peter Bent Brigham Hospital, and we proudly acknowledge that from them, too, we have learned much, for what we do today in the hospital is a composite of the ideas of the many who, year by year, have served the hospital, and any progress we make is the result of the work of each and all who have been members of the hospital family.

As one thinks of comparatively recent events, one can but wonder at the apparent certainty of historical dates of the distant past. We speak of celebrating the 15th anniversary of the opening of the Peter Bent Brigham Hospital but just what was the actual date of opening the Peter Bent Brigham Hospital. On January 27, 1913, the first surgical patient was admitted to a building temporarily arranged to serve as ward, place of residence of staff, operating room, kitchen, dining room, etc. Prior to this (November 7, 1912) nurses in training had begun residence in the building intended to become the home of the superintendent of the hospital. In the early autumn of 1912 various members of the staff had assembled and began working in the laboratories of the Harvard Medical School. On March 31, 1913, the first medical patient was admitted to the first of the regular ward buildings to be completed (Ward F). Gradually thereafter other of the buildings were finished and put to their intended uses. No formal opening exercises for the hospital were held. On April 30, 1913, Sir William Osler gave us an address, which in a way served such a purpose. On November 12, 1914, a Founder's Day

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celebration was held, and this was our first formal public hospital event and so far it has remained the only one.

So just what was the date of the opening of the hospital? A hundred years or so hence some historian will determine the date no doubt, and to all except the carping critics that will settle the matter and be considered a definite, exact event. This historian of the future will find other difficulties in determining the time of events, even though all copies of our annual report have been preserved for his scrutiny. The annual report is for a calendar year; it is written in the early winter or spring following the close of the year in which it reports. There is a tendency to forget dates and include as events of the year of the annual report things which actually have happened in the earlier months of the next succeeding year. This probably will embarrass further our future historian, unless he finds some means for checking dates.

AGAIN, A SINGLE DIAGNOSTIC SERVICE

In my annual report for 1926 I discussed the desirability of reorganization of the hospital work so as to eliminate any sharp definition into medical and surgical services as at present in vogue; patients under this plan would be admitted for diagnostic study or for special therapeutic procedures; every member of the staff would share in this work bringing to it his particular, individual capability in either diagnosis or therapeusis. It seems to me that this plan would give to our patients a more efficient care and much time and much duplication of work would be saved.

In the 1927 annual report my colleague, the Surgeon-in-Chief, has cited some things which, contrary

to his view, seem to me good reasons for adopting the suggested plan of not having separate services. That physicians like Jacobaeus of Stockholm and Brauer of Hamburg have done their own surgery, certainly is no reason against abolishing a distinction between the lines of a medical and surgical service; that our own Surgeon-in-Chief has become a highly developed combination of surgeon, neurologist, pathologist and ophthalmologist but emphasizes the artificiality of making sequestrations of patients into type services; most assuredly all would agree that surgery has been advanced notably by these physicians Jacobaeus and Brauer and that Dr. Cushing has proved a fertile contributor to advance in neurology and the applications to it of pathology and ophthalmology, as well as being a significant contributor toward better surgery. It seems to me that these men actually have recognized no delimiting lines between surgery and medicine, and thereby have facilitated the advances which they have made, and that others more readily might do likewise, had we no separate services within the hospital organization.

The fewer consultations asked of the medical service may bespeak the usefulness of the surgeon were there an amalgamation of services, or it may mean that already the medical service is recognized tacitly as a diagnostic service, and the surgeon is called chiefly as the first step in inaugurating a special type of therapeusis, namely, an operation which he alone can apply. Whatever its interpretation, a study of these consultations in relation to type of disease, time required for the actual seeing of the patient, the delay in beginning the advised treatment, etc., would, I feel

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sure, make evident that there are very considerable disadvantages in the present system.

Dr. Cushing has cited the Mayo Clinic implying that what he calls Mayoizing the clinic would make the Brigham more extensively a surgical clinic. This ought not to be a reason for opposition from the surgeons, namely, that the plan for a single diagnostic service would magnify their importance. But would it? Certainly medicine at the Mayo Clinic holds no unimportant position. My first visit to Rochester, Minnesota, made before the Peter Bent Brigham Hospital was opened, impressed me with the idea that medicine was becoming an ever more important factor in the work of that clinic. The fifteen years since then have seen a steady growth in the medical sides of the work, so that today it seems to many that the Mayo Clinic is doing more medicine than surgery. I do not believe that the members of the present medical service would lose their opportunity, if there were no separated services at the Peter Bent Brigham Hospital, any more than that the members of the surgical service would take their "cases wholly predigested by others" in such an arrangement, but that all would find greater incentives to better work, while our patients would receive a more efficient, effective service.

Were the salvarsan admissions 10 per cent of the medical ward cases and were this considered a "minor surgical procedure" (see 1927 report of the Surgeon-in-Chief) this is just as good a reason for or against unification of services, and since these patients no longer come into the wards for treatment anyway, they do not apply in the argument now, even if they ever did.

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As with any proposed new plan, there would be difficulties of organization. An important one of these would be to provide for each patient a responsible guiding hand, in order that no divided responsibility would result in the patient failing to have the best form of treatment. Perhaps the idea of the existing distinction between medical and surgical service might prevent those, who have grown up under it, from being most effective under any plan of fusion. If so, time relatively soon would correct that difficulty. However, I believe that it is entirely possible to provide a plan for cooperative study of patients both by those versed in the methods of medicine and by those trained in the technique of surgery, which will make diagnosis its first aim, and after this is accomplished will allow any form of treatment to be applied effectively, whether that treatment is medical, surgical or a combination of both, including the methods of the various specialties. To my mind it is a desirable plan to try. If after a few years of trial it should prove impractical, return to the present system could be made easily.

PUBLICATIONS FOR 1928

During 1928 certain lines of investigation have been pursued by the members of the staff, as shown by the following list of publications. Some of these represent work actually done in the preceding year, but, according to our custom, are noted in the Annual Report only after their completion and publication, thereby avoiding duplication in being noted once when the work is under way and the second time when completed and published.

REPORT OF THE PHYSICIAN-IN-CHIEF

- CHRISTIAN, HENRY A. Clinic on the Heart. Jour. Indiana State Med. Assoc., 21: 51, 1928.
- Chronic Non-valvular Disease of the Heart. Jour. Am. Med. Assoc., 91: 549, 1928.
- Relapsing Febrile Nodular Non-suppurative Panniculitis. Arch. Int. Med., 42: 338, 1928.
- Myocardial Disturbances Due to Abnormal Thyroid Function and Their Management. Pennsylvania Med. Jour., November, 1928.
- The Diagnosis and Treatment of Diseases of the Heart. Oxford University Press, New York, pages 355, 1928.
- FITZ, REGINALD. Clinical Observations on "Well" Patients. Boston Med. and Surg. Jour., 197: 1439, 1928.
- The Modern Young Person from a Medical Man's Viewpoint. Hygeia, 6: 303, 1928.
- What Would You Do If You Had a Peptic Ulcer? New England Jour. Med., 198: 539, 1928.
- Diabetes Mellitus. Oxford Medicine, Oxford University Press, New York, 4: 131, 1928.
- Case Histories. Lewis' Practice of Surgery, 1: 1, 1928.
- A Case of Angina Pectoris with Cardiac Infarct Induced by the Intravenous Injection of Sodium Tetra-Iodo-Phenolphthalein, and Followed by Relief of Anginoid Symptoms. Trans. Assoc. Am. Phys., 43: 292, 1928.
- DERICK, CLIFFORD L., SWIFT, H. F., and HITCHCOCK, C. H. General Tuberculin-like Reactions in Rheumatic Fever Patients following Intravenous Injection of Streptococcus Vaccines or Nucleoproteins. Proc. Soc. Exper. Biol. and Med., 15: 312, 1928.
- Bacterial Allergy (Hyperergy) to Non-Hemolytic Streptococci in its Relation to Rheumatic Fever. Jour. Am. Med. Assoc., 90: 906, 1928.
- The Effect of Anti-Rheumatic Drugs on the Arthritis and Immune Body Production in Serum Disease. Jour. Clin. Invest., 5: 427, 1928.

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- Rheumatic Fever as a Manifestation of Hypersensitiveness (Allergy or Hyperergy) to Streptococci. Trans. Assoc. Am. Phys., 43: 192, 1928.
- BARKER, M. HERBERT and LEVINE, SAMUEL A. Cardiazol. Arch. Int. Med., 42: 14, 1928.
- BARKER, M. HERBERT and O'HARE, JAMES P. The Use of Salyrgan in Edema. Jour. Am. Med. Assoc., 91: 2060, 1928.
- BROWN, CHARLES L. and GRABFIELD, G. P. The Relation of Acute Respiratory Infections to Atmospheric Conditions. New England Jour. Med., 198: 679, 1928.
- EMERY, EDWARD S., JR. Carbohydrate Indigestion: Its Diagnosis and Treatment. New England Jour. Med., 198: 181, 1928.
- GRABFIELD, G. P. and KNAPP, EMILY. The Effect of Salicylates on the Nitrogen Metabolism with Special Reference to the Effect of the Cation of the Salt. Jour. Pharmacol. and Exper. Therap., 32: 1928.
- Observations on the Effect of Prolonged Administration of Iodides on the Nitrogen Metabolism. Jour. Pharmacol. and Exper. Therap., 33: 1928.
- GRAHAM, W. R. and EMERY, E. S., JR. The Reaction of the Intestinal Contents of Dogs Fed on Different Diets. Jour. Lab. and Clin. Med., 13: 1097, 1928.
- HALL, FRANCIS C. Arthritis. The Social Worker, 5: 5, 1928.
- LEVINE, SAMUEL A. and STEVENS, W. B. The Therapeutic Value of Quinidine in Coronary Thrombosis Complicated by Ventricular Tachycardia. Am. Heart Jour., 3: 253, 1928.
- LEVINE, SAMUEL A. Some Unproved Impressions Concerning the Subject of Heart Disease. New England Jour. of Med., 198: 885, 1928.
- LEVINE, SAMUAL A. and FULTON, MARSHALL N. The Relation of Hypertension to Mitral Stenosis. Am. Jour. Med. Sc., 176: 465, 1928.

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- MENKIN, VALY. Relative Lymphocytosis in Hyperthyroidism. *Arch. Int. Med.*, 42: 419, 1928.
- MINOT, GEORGE R., MURPHY, WILLIAM P. and COHN, E. J. Le Traitement de L'Anemie Pernicieuse Par un Regime Riche en Foie ou Par un Extrait de Foie. *Annales de Medecine*, 23: 319, 1928.
- MINOT, GEORGE R., COHN, EDWIN J., ALLES, GORDON A., and SALTER, WILLIAM T. The Nature of the Material in Liver Effective in Pernicious Anemia. *Jour. Biol. Chem.*, 77: 325, 1928.
- MINOT, GEORGE R., MURPHY, WILLIAM P., STETSON, RICHARD P. The Response of the Reticulocytes to Liver Therapy. *Am. Jour. Med. Sc.*, 175: 581, 1928.
- MINOT, GEORGE R., COHN, EDWIN J., MURPHY, WILLIAM P., LAWSON, H. A. Treatment of Pernicious Anemia with Liver Extract. *Am. Jour. Med. Sc.*, 175: 599, 1928.
- MONROE, ROBERT T. and EMERY, EDWARD S., JR. Gastrocolic Fistula as a Result of Peptic Ulcer. *New England Jour. Med.*, 198: 550, 1928.
- O'HARE, JAMES P. Kidney Disease as Related to the Teeth. *The Appollonian*, January, 1928.
- O'HARE, JAMES P., CALHOUN, ABNER W., and ALTNOW, HUGO O. Etiology of Chronic Myocarditis. *Jour. Am. Med. Assoc.*, 90: 1436, 1928.
- O'HARE, JAMES P. and HOYT, LYMAN H. Mistletoe in the Treatment of Hypertension. *New England Jour. Med.*, 199: 1207, 1928.
- ROOT, HOWARD F. and CARPENTER, THORNE M. The Utilization of Jerusalem Artichokes by a Patient with Diabetes. *Arch. Int. Med.*, 42: 64, 1928.
- ROOT, HOWARD F. Arteriosclerosis in Heart and Legs of Diabetics. *New York State Jour. Med.*, 28: 1287, 1928.
- ROOT, HOWARD F. and MCKITTRICK, L. S. Diabetic Surgery. Lea and Febiger, Philadelphia, pages 269, 1928.
- WALKER, I. CHANDLER. One Hundred Cases of Apparently Cured Pollen Hay-Fever. *Jour. Am. Med. Assoc.*, 90: 750, 1928.

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WALKER, I. CHANDLER and ADKINSON, JUNE. Bacteriologic Examination of Seven Hundred and Twenty-Four Sputums from as Many Patients with Bronchial Asthma. *Arch. of Int. Med.*, 41: 601, 1928.

WYATT, TYREE C. Agranulocytic Angina—Report of a Case with Recovery. *New England Jour. Med.*, 199: 525, 1928.

CHANGES IN STAFF

The most important staff change of the year is the appointment of Dr. Clifford L. Derick as Physician to fill the vacancy caused by the resignation of Dr. Cyrus C. Sturgis to accept the position as Professor of Medicine at the University of Michigan. Dr. Derick received his M.D. degree from McGill University in 1918; was house officer at the Montreal General Hospital 1919-22; fellow, National Research Council and research fellow in Biochemistry at Harvard, 1922-23; assistant resident physician, Peter Bent Brigham Hospital, 1923-24 and assistant resident physician, Rockefeller Hospital, New York, 1924-28. In New York he investigated rheumatic fever in association with Dr. Homer F. Swift. Dr. Derick has been appointed assistant professor of Medicine at Harvard. Dr. Derick has had a long and varied training; he comes to us unusually well equipped to give to the Peter Bent Brigham Hospital excellent service.

Dr. George R. Minot has resigned from the Peter Bent Brigham Hospital as Associate in Medicine to become visiting physician and director of the 'Thorn-dike Memorial Laboratory at the Boston City Hospital and professor of medicine at Harvard. He has been appointed consulting physician at the Peter Bent Brigham Hospital.

REPORT OF THE PHYSICIAN-IN-CHIEF

Dr. James P. O'Hare and Dr. Samuel A. Levine during the year were made senior associates in medicine in recognition of the very valuable service that they have rendered the Peter Bent Brigham Hospital. Dr. O'Hare has developed an important clinic of nephritic patients from which is coming a steady stream of valuable publications. In similar fashion Dr. Levine has built up a cardiac clinic of much importance. Both have directed ward services during a part of each year and in many ways helped in the general care of our patients.

Dr. Charles L. Brown has resigned as Junior Associate in medicine to become assistant professor of medicine at the University of Michigan under Dr. Sturgis, formerly physician at the Peter Bent Brigham Hospital.

Of the Resident Staff, Dr. Howard L. Alt has remained as resident physician and Drs. M. Herbert Barker and Marshall N. Fulton as assistant resident physicians. Drs. Kirk, Munter and Schneck have resigned and been succeeded as assistant residents by Dr. W. R. Kennedy, M.D., C.M., McGill University, formerly house officer (medical, surgical and pathological) at Montreal General Hospital, 1925-28, Dr. A. D. Nichol, M.D., Ohio State University, formerly interne and resident in Medicine, St. Luke's Hospital, Cleveland, 1926-28, and Dr. G. L. Walker, Jr., M.D., Emory University, formerly house officer Grady Hospital, Atlanta, Georgia, 1926-28. Dr. Kirk has remained at the Peter Bent Brigham Hospital as junior associate in medicine to work on renal problems under the direction of Dr. O'Hare; Dr. Munter has returned to San Francisco to enter practice and to be assistant in medicine at the Medical

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School of the University of California; Dr. Schneck has begun practice in Detroit, Michigan.

The medical house officers, whose term of service ended during 1928, have taken on new duties as follows: Dr. Harrison D. Huggins has spent a period in foreign study; Dr. Matthew C. Riddle has become resident interne and junior research assistant at the Simpson Memorial Institute at the University of Michigan; Dr. William H. Lewis, Jr., has become neurological house officer at the Boston City Hospital and subsequently resident pathologist at Palmer Memorial Hospital, Boston; Dr. Henry L. Schmitz has become Lasker fellow and instructor, department of medicine, University of Chicago; Dr. George Booth has commenced practice in Pittsburgh, Pennsylvania; Dr. Tyree C. Wyatt has become house officer at the New York Babies Hospital; Dr. Arthur C. Taylor has remained at the Peter Bent Brigham Hospital as pathological house officer; Dr. Frank W. Marlow, Jr., has become assistant resident physician at the New Haven Hospital, and Dr. Greene S. FitzHugh has remained at the Peter Bent Brigham Hospital as junior associate in medicine.

During the year through the generosity of a friend of Dr. O'Hare, interested in the study of renal disease, we have been able to increase the number of junior associates in medicine. This appointment serves a very useful purpose in giving official recognition to a group of men willing to devote their entire time or the major part of it to clinical investigation. The group is similar to that covered by the term, fellow, in medical schools, etc. As these men at the Peter Bent Brigham Hospital in course of their studies come in control contacts of various sorts with

REPORT OF THE PHYSICIAN-IN-CHIEF

patients, it is desirable from the side of the hospital that they hold a regular staff position and this title, junior associate in medicine, is in accord with the terminology already in use for staff positions. Holders of these titles are young men of the training of our assistant resident physicians, who come to us from various parts of the country to benefit from working in a new locality in contact with a different group of men than those who have surrounded them in medical school days and while house officers in some hospital. They receive a stipend at times provided from medical school funds, at times from special gifts. The hospital provides them with their meals. Most of their time is devoted to investigation, but in this they help in various ways in the care of our patients. Some of these men also engage in teaching work. The majority of the junior associates after one or more years with us leave to begin their more permanent medical careers elsewhere as did Dr. Brown during the current year in going to the University of Michigan.

During 1928 Drs. Monroe and Hoyt continued as junior associates. As new men came Dr. E. J. Kirk, formerly assistant resident physician at the Peter Bent Brigham Hospital, Dr. G. F. FitzHugh, formerly medical house officer at the Peter Bent Brigham Hospital, Dr. W. C. Smith, M.D. Emory University, formerly interne at Grady Hospital, Atlanta, Georgia, 1926-27, and assistant resident at Vanderbilt University Hospital, Nashville, Tennessee, 1927-28, and Dr. W. C. Egloff, M.D. University of Chicago, formerly interne St. Luke's Hospital, Chicago, 1925-27, and Billings Memorial Hospital, Chicago, 1928.

PETER BENT BRIGHAM HOSPITAL

PHYSICIAN-IN-CHIEF, *Pro Tempore*

Our fourteenth physician-in-Chief, *pro tempore*, was Sir Humphry Rolleston, Bart., K.C.B., M.D., Regius Professor of Physic at Cambridge, England, and physician in ordinary to his Majesty the King. Sir Humphry possesses an amazing stock of medical lore. There seemed little in medical literature that he could not cite, as he discussed patients and their diseases in our wards. Into his ward visits he brought somewhat more of what might be termed the philosophy of medicine than we are wonted to hear from our American colleagues. A scholar himself in medicine, he delighted us with his charming diction and enlightened us by developing many general relationships of disease in addition to giving us valuable information about the diseased condition of the individual patient.

We realize that our physicians-in-chief, *pro tempore*, sacrifice very valuable time and put themselves to much inconvenience to come to Boston and live within our medical family at the Peter Bent Brigham Hospital. Their period of service to us is the banner event of the year and we are deeply indebted to them for this service. For the resident staff it is a rare privilege that they are given in having the visiting chief live among them during his period of service.

In conclusion it is a pleasure to thank the many members of the hospital family, who, cheerfully, willingly, skilfully have cooperated in the work of the medical service.

HENRY A. CHRISTIAN,
Physician-in-Chief.

REPORT OF THE PHYSICIAN-IN-CHIEF

Summary of Medical Report

JANUARY 1, 1928, TO JANUARY 1, 1929

Total number of admissions in 1928	2,264	
Total number of medical cases remaining in wards, January 1, 1928	79	
	<hr/>	2,343
Total number medical readmissions discharged in 1928	311	
Total number of medical new cases discharged in 1928	1,944	
	<hr/>	2,255
Total number of medical cases remaining in the wards, January 1, 1929	88	
	<hr/>	2,343
Results on medical cases discharged in 1928 were as follows:		
Total number discharged well	86	
Total number discharged improved	1,281	
Total number discharged unimproved	167	
Total number discharged untreated	300	
Total number transferred to Surgical Service	224	
Total number dead	197	
	<hr/>	2,255
Total number of medical cases remaining in the wards, January 1, 1929	88	
	<hr/>	2,343

Visiting Physicians and Surgeons

Pro Tempore

SIR CHARLES BALLANCE

K.C.M.G., C.B.; Consulting Surgeon to British Army, 1914-19; Col., R.A.M.C.; Consulting Surgeon to St. Thomas Hospital and to the National Hospital for Paralysis and Epilepsy; *Surgeon-in-chief pro tem.*, *P. B. B. H.*, October 15 to October 25, 1928.

DR. FRANK BILLINGS

M.D., Northwestern Univ., 1881; M.S., *ibid.*, 1890; Sc.D., Harvard, 1915; Professor of Medicine, Northwestern Univ., 1891-98; Professor of Medicine, Rush Medical College, 1898-1905; Professor of Medicine, Univ. of Chicago, 1905-24; *Physician-in-chief pro tem.*, *P. B. B. H.*, May 15 to May 20, 1916.

DR. LEWIS A. CONNER

Ph.B., Yale Univ., 1887; M.D., Columbia Univ., 1890; Physician, New York Hospital, 1905; Professor Clinical Medicine, Cornell Univ. Med. School, 1905-16; Professor of Medicine, *ibid.*, 1916; *Physician-in-chief pro tem.*, *P. B. B. H.*, April 8 to April 15, 1923.

MR. GEORGE E. GASK

Graduate of St. Bartholomew's Hospital, London, England; Consulting Surgeon, B. E. F., receiving C.M.G. and a D.S.O.; Surgeon and Director of Surg. Unit to St. Bartholomew's Hosp.; Professor of Surgery, Univ. of London; *Surgeon-in-chief pro tem.*, *P. B. B. H.*, March 20 to April 3, 1921.

DR. EVARTS GRAHAM

M.D., Rush Medical College, 1907; Professor of Surgery, Washington Univ., St. Louis, Mo.; *Surgeon-in-chief pro tem.*, *P. B. B. H.*, April 26, 1925-May 3, 1925.

DR. JAMES B. HERRICK

A.B., Univ. of Mich., 1882 (Hon. A.M., *ibid.*, 1907); M.D., Rush Medical College, 1888; Interne, Cook County Hospital, 1888-89; Instructor in Medicine, Rush Medical College, 1890-93; Adjutant Professor, *ibid.*, 1894-1900; Professor, *ibid.*, 1900; Attending Physician, Presbyterian Hospital, Chicago, Illinois, 1895; *Physician-in-chief pro tem.*, *P. B. B. H.*, Feb. 15 to Feb. 21, 1924.

DR. ALBION WALTER HEWLETT

B.S., Univ. of Cal., 1895; M.D., Johns Hopkins Medical School, 1900; Professor of Internal Medicine, Univ. of Mich., 1908-16; Professor of Medicine, Leland-Stanford Jr. Univ., San Francisco, 1916-25; *Physician-in-chief pro tem.*, *P. B. B. H.*, May 1 to May 4, 1915, and Jan. 2 to Jan. 8, 1916. Died Nov. 10, 1925.

VISITING PHYSICIANS AND SURGEONS

DR. CHARLES F. HOOVER

M.D., Harvard, 1892; Professor of Medicine, Western Reserve Univ., Cleveland, Ohio; *Surgeon-in-chief pro tem.*, *P. B. B. H.*, Feb. 3 to Feb. 9, 1924. Died June 15, 1927.

DR. SAMUEL W. LAMBERT

A.B., Yale, 1880; Ph.B., *ibid.*, 1882; M.D., Columbia, 1885; A.M., Yale, 1905; D.Sc., Columbia, 1921; Professor Clinical Medicine, Columbia, 1903-19; Dean, Coll. Phys. and Surgs. (Columbia), 1904-19; Attending Physician, New York Hosp., 1896-1909; Attending Physician, St. Luke's Hosp., 1906; *Physician-in-chief pro tem.*, *P. B. B. H.*, Jan. 24 to Jan. 30, 1926.

DR. HENRY ROBERT MURRAY LANDIS

A.B., Amherst, 1894; M.D., Jefferson Med. Coll., 1897; Director, Clinical and Sociological Departments, Henry Phipps Institute, Philadelphia, Pennsylvania; *Physician-in-chief pro tem.*, *P. B. B. H.*, Jan. 18 to Jan. 25, 1919.

DR. DEAN DEWITT LEWIS

A.B., Lake Forest Univ., 1895; M.D., Rush Med. Coll., 1899; Associate Professor of Surgery, Rush Medical College, 1919-25; Attending Surgeon, Presbyterian Hosp., Chicago; Professor of Surgery, Johns Hopkins Univ., 1925; *Surgeon-in-chief, pro tem.*, *P. B. B. H.*, March 15 to March 24, 1920.

SIR THOMAS LEWIS

C.B.E.; F.R.C.S.; M.D., University College, London, England, 1906; Physician, University College, London, England; Physician to Staff of Med. Research Comm.; *Physician-in-chief pro tem.*, *P. B. B. H.*, Oct. 26 to Nov. 2, 1914.

DR. WARFIELD T. LONGCOPE

A.B., Johns Hopkins Univ., 1897; M.D., Johns Hopkins Univ., 1901; Bard Professor of Medicine, Columbia Univ., New York, 1914-21; Professor of Medicine, Johns Hopkins Univ., and Physician-in-chief, Johns Hopkins Hospital, 1922; *Physician-in-chief pro tem.*, *P. B. B. H.*, Jan. 13 to Jan. 20, 1917.

DR. WILLIAM DE B. MACNIDER

M.D., Univ. of N. C., 1903; Professor of Pharmacology, Univ. of N. C., 1905; *Physician-in-chief pro tem.*, *P. B. B. H.*, April 13 to April 17, 1925.

DR. THOMAS McCRAE

A.B., Univ. of Toronto, 1891; M.B., *ibid.*, 1895; M.D., *ibid.*, 1903; Fellow of Biology, Univ. of Toronto, 1892-94; Associate in Medicine, Johns Hopkins Hosp., 1904-12; Associate Professor of Medicine, Johns Hopkins Univ., 1906-12; Professor of Medicine, Jefferson Med. Coll., 1912; Physician to Jefferson and Penn. Hosps.; Fellow Royal Coll. of Phys. (England); American Philosophical Society; Lieut. Col., Canadian Army Med. Corps; *Physician-in-chief pro tem.*, *P. B. B. H.*, March 13 to March 19, 1921.

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SIR D'ARCY POWER, K.B.E.

M.A., M.B., Univ. of Oxford, 1882; F.R.C.S. (England), 1883; Consulting Surgeon, St. Bartholomew's Hospital, London, England; *Surgeon-in-chief pro tem.*, P. B. B. H., April 20 to May 5, 1924.

DR. DAVID RIESMAN

M.D., Univ. of Pa., 1892; Prof. Clin. Med., *ibid.*; Physician, Philadelphia General Hospital and University Hospital, Pa.; Clinician, Philadelphia; *Physician-in-chief pro tem.*, P. B. B. H., April 25 to May 2, 1927.

DR. EMMET RIXFORD

M.D., Cooper Medical College, San Francisco, 1891; Professor of Surgery, Leland-Stanford Jr. Univ.; *Surgeon-in-chief pro tem.*, P. B. B. H., April 25 to May 9, 1927.

SIR HUMPHRY ROLLESTON, Bart.

K.C.B.; M.A. and M.D., Cambridge University; F.R.C.P., London; Hon. D.Sc., D.C.L., LL.D.; Fellow and Former President of the Royal Society of Medicine; Consulting Physician (Temporary Surgeon Rear-Admiral) to the Royal Navy, 1914-19; Emeritus Physician, St. George's Hospital, London; Physician to H. M., the King; Regius Professor of Physic, University of Cambridge, Cambridge, England; *Physician-in-chief pro tem.*, P. B. B. H., March 25 to April 1, 1928.

DR. CLARENCE L. STARR

M.B., Univ. of Toronto; M.D., Univ. of New York; LL.D.; Professor of Surgery, Univ. of Toronto; Surgeon-in-chief, Toronto General Hosp.; *Surgeon-in-chief pro tem.*, P. B. B. H., March 7 to March 16, 1926. Died Dec. 25, 1928.

SIR HAROLD J. STILES

Kt., cr. 1918; K.B.E., cr. 1919; M.B., C.M., F.R.C.S., Edinburgh; British Colonel, R.A.M.C.; Mem. Army Med. Advisory Board; Surgeon, Royal Edinburgh Hosp. for Sick Children, and Chalmers Hosp.; Professor of Clinical Surgery, 1919-25; Late Lecturer on Applied Anatomy, Univ. of Edinburgh; *Surgeon-in-chief pro tem.*, P. B. B. H., April 8 to April 21, 1923.

DR. WILLIAM S. THAYER

A.B., Harvard, 1885; M.D., *ibid.*, 1889; LL.D., Washington Coll., 1907; Hon. F.R.C.P.I., 1912; Brig. General, U. S. A. M. C., 1918-19; Professor of Medicine, Johns Hopkins Univ., 1919-21; Physician-in-Chief, Johns Hopkins Hosp., 1919-21; Visiting Physician, Johns Hopkins Hosp., 1921; *Physician-in-Chief pro tem.*, P. B. B. H., Nov. 14 to Nov. 21, 1913.

SIR CUTHBERT WALLACE

C.B., 1918; K.C.M.G., 1916; M.B., B.S., London; F.R.C.S., Eng.;

VISITING PHYSICIANS AND SURGEONS

Surgeon to St. Thomas' Hosp.; Dean, St. Thomas' Hosp. Med. School; Late Surgeon, East London Hosp. for Children; Lecturer on Surgery, St. Thomas' Hosp.; served in South Africa as Surgeon to Portland Hosp., 1900; European War, 1914-18; Maj. Gen., A. M. S.; Consulting Surgeon, B. E. F., France; *Surgeon-in-Chief pro tem.*, P. B. B. H., April 24 to May 8, 1922.

DR. ROLLIN TURNER WOODYATT

B.S., Univ. of Chicago, 1896; M.D., Rush Med. Coll., 1902; Clin. Professor of Medicine, Univ. of Chicago; Attending Physician, Presbyterian Hosp., Chicago; *Physician-in-Chief pro tem.*, P. B. B. H., Dec. 16 to Dec. 23, 1921.

Traveling Fellows in Surgery

LEO M. DAVIDOFF	1926
HARLAN F. NEWTON	1927
FRANC D. INGRAHAM	1928

Register of Present Members of the Staff

ABBREVIATIONS

P. B. B. H.—Peter Bent Brigham Hospital	M. G. H. —Massachusetts General Hospital
B. C. H. —Boston City Hospital	Harv. —Harvard University
J. H. H. —Johns Hopkins Hospital	H. O. —House Officer

ALT, HOWARD L.

B.S., Northwestern Univ., 1923; M.D., *ibid.*, 1924; H. O. in med. and surg., *ibid.*, July, 1923-July, 1925; *Asst. Res. Phys.*, P. B. B. H., July 1, 1925-Sept. 1, 1927; *Res. Phys.*, *ibid.*

AUB, JOSEPH C.

A.B., Harv.; M.D., *ibid.*, 1916; Phys., Huntington Memorial Hosp.; Assoc. Prof. of Med., Harv.; *Sr. Assoc. in Med.*, P. B. B. H.

BAILEY, PERCIVAL

B.S., Univ. of Chicago, 1914; Ph.D., *ibid.*, 1918; M.D., Northwestern Univ., 1918; Asst. in Embryology, Univ. of Chicago, 1914; Asst. in Anatomy, *ibid.*, 1914-15; Asst. in Anatomy, Northwestern Univ., 1915-17; Assoc. in Anat., Univ. of Chicago, 1917-18; Surg. H. O., Mercy Hosp., Chicago, 1918-19; *Asst. Res. Surg.*, P. B. B. H., April 1-Dec. 19, 1919; *Res. Phys.*, Neurol. Service, Cook County Hosp., Chicago, 1920; *Res. Phys.*, Psychopathic Hosp., Chicago, 1920; Arthur Tracy Cabot Fellow, Harv., 1920-21; *Assoc. in Surg.*, P. B. B. H., Sept. 1, 1920-July 1, 1921; Asst. Etranger à la Salpêtrière, service du Prof. Pierre Marie, 1921-22; *Jr. Assoc. in Surg.*, P. B. B. H., July, 1922-Sept., 1923; Asst. Etranger à l'hospice Sainte Anne, service du Prof. Henri Claude, 1925-26; Instr. in Surg., Harv.; *Assoc. in Surg.*, P. B. B. H., 1926-28; Assoc. Prof. Surg., Univ. of Chicago.

BARKER, M. HERBERT

B.S., Univ. of Chicago, 1923; M.D., Rush. Med. College, 1925; H. O., Wesley Memorial Hosp., 1925-27; *Med. H. O.*, P. B. B. H., Jan. 1-March 1, 1927; *Asst. Res. Phys.*, *ibid.*

BENNETT, GRANVILLE A.

B.S., Univ. of Iowa, 1923; M.D., *ibid.*, 1925; Surg. Interne, Iowa State Univ. Hosp., 1925-26; Clin. Asst. Pathol., Bacteriol. and Surgery, 1926-27; *Res. Pathol.*, P. B. B. H.

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BIRD, CLARENCE EDWARD

A.B., Univ. of Cal., 1920; M.D., Harv., 1923; Interne, Indian Harbor Hosp., Labrador, with Grenfell Mission, 1922; *Surg. H. O., P. B. B. H., July 1, 1923-Nov. 1, 1924*; Asst. in Surg. and Pathol., Yale, 1924-25; *Asst. Res. Surg., P. B. B. H., July 1, 1925-Oct. 1, 1926*; *Res. Surg., ibid., Oct. 1, 1926-Sept. 12, 1928*.

BLOTNER, HARRY H.

Two yrs. pre-med. work, Tufts, 1918-20; M.D., Tufts, 1924; Gen. Interne, Eastern Maine Gen. Hosp., July 1, 1924-July 1, 1925; *Asst. Res. Phys., P. B. B. H., Dec. 8, 1925-Dec. 1, 1926*; Asst. in Med., H. M. S.; *Jr. Assoc. in Med., P. B. B. H., Dec. 1, 1926-Sept. 1, 1927*; Asst. in Med., Harv.; *Jr. Assoc. in Med., P. B. B. H.*

BOOTH, GEORGE

B.S., Allegheny Coll., 1922; M.D., Harv., 1926; *Med. H. O., P. B. B. H., March 1, 1927-July 1, 1928*.

BOWEN, JOSEPH ANDREW

M.D., Univ. of Cincinnati, 1925; Interne, Cinn. Gen. Hosp., 1925-26; Fellow in Surg., Cleveland Clin., 1926-28; *Asst. Res. Surg., P. B. B. H.*

BOYD, WALTER WILLARD

E.E., Univ. of Va., 1920; M.S., M. I. T., 1922; M.D., Harv., 1928; *Surg. H. O., P. B. B. H.*

BRIGHAM, ROBERT B.

A.B., Williams, 1924; M.D., Harv., 1928; *Surg. H. O., P. B. B. H.*

BROWN, CHARLES LEONARD

B.S., Univ. of Oklahoma, 1919; M.D., *ibid.*, 1921; *Med. H. O., P. B. B. H., March 1, 1922-July 1, 1923*; Res. Pathol., Children's Hosp., 1923-24; Instr. in Pathol., Harv.; *Res. Pathol., P. B. B. H., July 1, 1924-Sept. 1, 1925*; Teaching Fellow in Med., Harv.; *Res. Phys., P. B. B. H., Sept. 1, 1925-Sept. 1, 1927*; Instr. in Med., Harv.; *Jr. Assoc. in Med., P. B. B. H., Sept., 1927-July, 1928*; Asst. Prof. Int. Med., Univ. of Mich.

BUCKLEY RICHARD COTTER

B.S., Trinity, 1919; M.D., Yale, 1924; Res. Pathol., New Haven Hosp., 1924-27; Instr. in Pathol., Yale Medical School, 1924-27; *Surg. H. O., P. B. B. H., June 15, 1927-Nov. 1, 1928*; *Jr. Assoc. in Surg., ibid.*

CANNON, WALTER BRADFORD

A.B., Harv., 1896; A.M., *ibid.*, 1897; M.D., *ibid.*, 1900; S.D., Yale, 1923; L.L.D., Wittenberg, 1927; C.B. (military), 1919; D.S.M., 1922; Instr. in Zoölogy, Harv., 1899-1900; Instr. in Physiol., *ibid.*, 1900-02; Asst. Prof. Physiol., *ibid.*, 1902-06; George Higginson Prof. Physiol., *ibid.*; Fellow, Am. Acad., 1906; Mem. Am. Philos. Soc., 1908; Mem. Nat. Acad. of Sciences, 1914; Croonian Lecturer,

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Royal Society, London, 1918; Corr. Mem., Société de Biologie, Paris, 1919; Reale Accademia delle Scienze, Bologna, 1921; Honorary Member, Sociedad de Biologia, Buenos Aires, 1922; Assoc. Mem., Société Belge de Biologie; *Consult. Physiol., P. B. B. H.*

CHEEVER, DAVID

A.B., Harv., 1897; M.D., *ibid.*, 1901; Surg. H. O., B. C. H., 1901-03; Asst. in Anat., Harv., 1903-08; Asst. Visit. Surg., B. C. H., 1905-12; Demonstr. in Anat., Harv., 1908-13; Asst. Prof. Surg. Anat., Harv.; Chief Surg., 2d Harv. Unit, B. E. F., France, 1915-16; Assoc. Prof. of Surg., Harv.; *Surg., P. B. B. H.*

CHRISTIAN, HENRY ASBURY

A.B., and A.M., Randolph-Macon, 1895; Grad. Stud., *ibid.*, 1895-96; LL.D., *ibid.*, 1923; M.D., Johns Hopkins, 1900; A.M., Harv., 1903; Sc.D. (Hon.) Jefferson, 1928; Asst. Pathol., B. C. H., 1900-02; Asst. Visit. Pathol., *ibid.*, 1902-05; Asst. Visit. Pathol., Children's Hosp., Boston, 1902-05; Instr. in Pathol., Harv., 1902-05; Asst. Visit. Phys., Long Island Hosp., Boston, 1905; in charge of med. students, M. G. H., 1905-07; Instr. in Theory and Practice of Physic, Harv., 1905-07; Asst. Prof. in Theory and Practice of Physic, *ibid.*, 1907-08; Phys.-in-Chief, Carney Hosp., Boston, 1907-12; Dean, Faculty of Med. and of Med. Sch., Harv., 1908-12; Fellow, Am. Acad.; Corr. Mem., Wiener Gesellschaft. f. innere Medizin, etc.; formerly Major, M. R. C., U. S. Army; (on leave of absence Oct. 1, 1919-Oct. 1, 1920, as Chairman, Div. of Med. Sciences, Nat'l Research Council, Washington, D. C.); Hersey Prof., Theory and Practice of Physic, Harv., since 1908; *Physician-in-Chief, P. B. B. H.*

CLAY, CHARLES L.

B.S., Dart., 1919; M.D., Columbia Univ., Coll. of Phys. and Surgs., 1921; Interne, Lawrence General Hosp., 1921-22; Member, Med. Staff, Danvers State Hosp., 1922-28; *2nd Asst. Supt., P. B. B. H.*

COCHRAN, H. WALTON

B.A., Univ. of Texas, 1924; M.D., Johns Hopkins, 1928; *Surg. H. O., P. B. B. H.*

CRUMP, GEORGE CURTIS

B.S., Dartmouth, 1923; M.D., Harv., 1926; *Surg. H. O., P. B. B. H.*

CRUTCHFIELD, WILLIAM G.

A.B., Univ. of Ky., 1923; M.D., Johns Hopkins, 1927; Surg. Interne, Women's Hosp., Baltimore, Md., 1927-28; *Surg. H. O., P. B. B. H.*

CUSHING, HARVEY

A.B., Yale, 1891; A.M. and M.D., Harv., 1895; Hon. F. R. C. S., London, 1913, Ireland, 1918, and Edinburgh, 1927; Hon. A. M., Yale, 1913; Hon. M.D., Queen's Univ., Bristol, 1918; D.Sc., Washington Univ., 1915, and Yale, 1919; LL.D., Western Reserve Univ.,

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1919, Cambridge, 1920, Glasgow, 1927, and Edinburgh, 1927; House Pupil, M. G. H., 1895-96; Res. Surg., J. H. H., 1896-1900; successively Asst. Instr. and Assoc. Prof. in Surg., Johns Hopkins, 1898-1912; Fellow, Am. Acad., 1914; Mem. Wash. Acad. Sciences, 1916; Nat'l Acad. Sciences, 1917; Director U. S. Army Base Hosp. No. 5, 1916-19; Col., M.C., U. S. Army; Companion of the Bath; D.S.M.; Offic. Legion d'Honneur; Stud., St. Bartholomew's Hosp., 1922; Mickle Fellow, Univ. of Toronto, 1922; Cameron Prize, Univ. of Edinburgh, 1924; Macewen Lecturer, Univ. of Glasgow, 1927; Moseley Prof. of Surg., Harv.; *Surg.-in-Chief, P. B. B. H.*

DAY, HILBERT FRANCIS

Ph.B., Yale, 1901; M.D., Harv., 1905; Surg. H. O., B. C. H., 1905-07; House Phys., Boston Lying-in-Hosp., 1907-08; 3rd Asst. Visit. Surg., B. C. H. (Gynecol. Dept.), 1908-09; 4th Asst. Visit. Surg., B. C. H., 1909; District Phys., Boston Disp., 1909-12; Asst. to Surgs., Boston Disp., 1911-12; Surg., Maverick Disp., East Boston, 1913-14; Asst. Surg., Boston Disp., 1912-14; Surg., *ibid.*, 1914-19; 1st Asst. Surg., Beth Israel Hosp., 1917-18; Asst. in Surg., Harv., 1919-21; Instr. in Surg., *ibid.*; Surg.-in-Chief, Boston Disp.; Visiting Surg., Cambridge Hosp.; *Assoc. in Surg., P. B. B. H.*

DENNY, GEORGE PARKMAN

A.B., Harv., 1909; M.D., *ibid.*, 1913; *Med. H. O., P. B. B. H., June 1, 1913-July 1, 1914*; Vol., Lab. of Physiol. Research, Johns Hopkins, 1914-15; Capt., M. C., U. S. Army; Alumni Asst. in Med., Harv., 1915-16; Phys. to Med. Students, *ibid.*; Director of Scholarships, *ibid.*; Attend. Phys., Channing Home, Boston; Assoc. Chief, Med. Dept., Boston Disp.; *Assoc. in Med., P. B. B. H.*

DERICK, CLIFFORD L.

M.D., McGill Univ., 1918; H. O., Montreal Gen. Hosp., 1919-22; Fellow, Nat. Research Council, 1922-23; *Asst. Res. Phys., P. B. B. H., 1923-24*; Asst. in Med. and Research Fellow in Bio-Chemistry, Harv., 1923-24; Asst. Res. Phys., Rockefeller Hosp., N. Y., 1924-28; Asst. Prof. Med., Harv.; *Physician, P. B. B. H.*

DEROW, HARRY A.

M.B., Boston Univ., 1926; M.D., *ibid.*, 1927; Pathol. H. O., M. G. H., June, 1927-Jan., 1928; *Med. H. O., P. B. B. H.*

DYKE, CORNELIUS

B.S., Univ. of Iowa, 1926; M.D., *ibid.*, 1926; Interne, Chelsea Naval Hosp., 1926-27; *H. O., Roent., P. B. B. H., 1927-28*; *Asst. Res. in Roent., ibid.*

EGLOFF, WILLIAM C.

S.B., Univ. of Chicago, 1923; M.D., *ibid.*, 1927; Interne, St. Luke's Hosp., Chicago, 1926-28; Med. service, Billings Memorial Hosp., Univ. of Chicago, Jan.-July, 1928; *Jr. Assoc. in Med., P. B. B. H.*

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EISENHARDT, LOUISE

M.D., Tufts, 1925; Interne, N. E. Hosp. for Women and Children, 1925-26; Attend. Phys., *ibid.*, Oct., 1926; *Jr. Assoc. in Neurol. Surg.*, *P. B. B. H.*

EMERY, JR., EDWARD STANLEY

A.B., Harv., 1916; M.D., *ibid.*, 1920; *Med. H. O.*, *P. B. B. H.*, Nov. 1, 1920-March 1, 1922; *H. O. X-ray Dept.*, *ibid.*, July 1, 1922-July 1, 1923; Stud. in Clin. of Dr. Sippy, Presbyterian Hosp., Chicago, 1923-24; Asst. in Med., Harv.; Phys. to Boston Disp.; *Jr. Assoc. in Med.*, *P. B. B. H.*, April 24, 1924-May 10, 1926; *Assoc. in Med.*, *ibid.*

ENGELBACH, FRIEDRICH

A.B., Illinois College, 1924; M.D., Harv., 1928; *Med. H. O.*, *P. B. B. H.*

FARBER, WILLIAM P.

A.B., Univ. of Cal., 1922; M.A., *ibid.*, 1923; M.D., Harv., 1927; *Surg. H. O.*, *P. B. B. H.*, March 1, 1927-July 1, 1928.

FETNER, L. M.

M.D., Med. Coll. of Va., 1915; in practice, Charlotte, N. C.; *H. O. Roentgenology*, *P. B. B. H.*, Oct. 1, 1926-Oct. 1, 1927; *Asst. Res. Roent.*, *ibid.*, 1927-28.

FITZ, REGINALD

A.B., Harv., 1906; M.D., *ibid.*, 1909; Med. House Pupil, M. G. H., 1910-11; Vol. Asst. in Pharmacol. and in Med. Clinic, J. H. H., 1911-12; *Sr. Med. H. O.*, *P. B. B. H.*, Nov. 1, 1912-July 1, 1913; *Asst. Res. Phys.*, *ibid.*, July 1, 1913-Sept. 1, 1915 (*granted leave of absence to Dec. 31, 1916*); Fellow in Physiol., Harv., 1914-15; Asst. Res. Phys., Rockefeller Inst. Hosp., New York City; Major, M. C., U. S. Army, 1917-19; Assoc. in Med. and Act. Res. Phys., East Med. Serv., M. G. H., 1919-20; Mayo Clinic and Mayo Foundation, 1920-22; Assoc. Prof. of Med., Harv.; *Phys.*, *P. B. B. H.*

FITZHUGH, GREENE S.

B.S., Univ. of Illinois, 1921; M.D., Harv., 1927; *Med. H. O.*, *P. B. B. H.*, July 1, 1927-Nov. 1, 1928; *Jr. Assoc. in Med.*, *ibid.*

FLYNN, JOHN MOLLOY

A.B., Boston College, 1923; M.D., Harv., 1927; *Med. H. O.*, *P. B. B. H.*, Nov. 1, 1927-March 1, 1929; in practice, Boston.

FOLIN, OTTO

S.B., Univ. of Minn., 1892; Ph.D., Univ. of Chicago, 1898; Sc.D., Washington Univ., 1915; Sc.D., Univ. of Chicago, 1916; Hon. M.D., Lund, 1918; Mem. Nat. Acad., 1916; Stud., Univs. of Sweden and Germany, 1897 and 1898; Asst. Prof. of Physiol. Chem., Univ. of W. Va., 1899-1900; Research Chem., McLean Hosp., Waverley,

PETER BENT BRIGHAM HOSPITAL

1900-08; Assoc. Prof. of Biol. Chem., Harv., 1907-09; Hamilton Kuhn Prof. of Biol. Chem., *ibid.*; Chem., M. G. H.; *Consult. Chem., P. B. B. H.*

FRIEDGOOD, HARRY B.

A.B., Univ. of Mich., 1924; M.D., Johns Hopkins, 1928; Act. Interne, Simpson Memorial Hosp., Ann Arbor, Mich., 1927-28; *Med. H. O., P. B. B. H.*

FROTHINGHAM, CHANNING

A.B., Harv., 1902; M.D., *ibid.*, 1906; Med. H. O., B. C. H., 1906-07; Asst. Visit. Phys., Carney Hosp., O. P. D., Boston, 1908-12; Sec'y, Faculty of Med., Harv., 1908-13; Asst. in Theory and Practice of Physic, *ibid.*, 1908-12; Instr. in Med., *ibid.*, 1913-22; Lieut. Col., M. C., U. S. Army, June 1, 1917-Dec. 5, 1918; Asst. Prof. of Med., Harv., 1922-28; Assoc. Clin. Prof. of Med., Harv.; Chairman, Dept. of Med., *ibid.*; *Physician, P. B. B. H.*

FULTON, JOHN

B.A., Oxon, 1923; M.A. and Ph.D., *ibid.*, 1925; M.D., Harv., 1927; Rhodes Scholar, Magdalen College, Oxford Univ., 1921-23; *Jr. Assoc. in Neurol, Surg., P. B. B. H., March-June, 1928*; Research Fellow, Magdalen College, Oxford, England.

FULTON, MARSHALL N.

Ph.B., Brown Univ., 1920; Rhodes Scholar, Oxford; A.B., Oxford Univ., 1922; M.D., Johns Hopkins, 1925; Vol. Asst. in Pathol., Johns Hopkins, Sept., 1925-Feb., 1926; *Med. H. O., P. B. B. H., March 1, 1926-July 1, 1927*; *Asst. Res. Phys., ibid.*

GLENN, FRANK N.

M.D., Washington Univ., 1927; Med. Service, Strong Mem. Hosp., July, 1927-July, 1928; *Surg. H. O., P. B. B. H.*

GRABFIELD, GUSTAVE PHILIP

A.B., Williams, 1912; M.D., Harv., 1915; Teaching Fellow, Dept. of Pharmacol., *ibid.*, 1915-16; *Med. H. O., P. B. B. H., March 1, 1916-June 17, 1917*; Capt., M. C., U. S. Army, 1917-19; Asst. in Roent., Univ. of Mich. Hosp., 1919-20; Instr. in Pharm., Harv., 1920-21; Asst. in Pharm., *ibid.*, 1921-22; Instr. in Pharm. and Asst. in Med., *ibid.*; *Jr. Assoc. in Med., P. B. B. H., July 1, 1922-Nov. 12, 1925*; *Assoc. in Med., ibid.*

GUNDERSSEN, TRYGVE

M.D., Harv., 1926; *Surg. H. O., P. B. B. H., Nov. 1, 1926-March 1, 1928.*

HAIGHT, L. CAMERON

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A.B., Univ. of Nebraska, 1924; M.D., Harv., 1928; *Med. H. O.*,
P. B. B. H.

HALL, FRANCIS C.

Litt.B., Princeton, 1913; M.D., Harv., 1917; H. O., M. G. H., 1918;
M.C., U. S. Army, 1918-19; Asst. Visit. Phys. and Visit. Phys. to
O. P. D., M. G. H., 1920-22; *Assoc. in Med.*, *P. B. B. H.*

HARBIN, JR., ROBERT MAXWELL

B.S., Univ. of Ga., 1925; M.D., Emory Univ. Med. School, 1928;
Surg. H. O., *P. B. B. H.*

HOMANS, JOHN

A.B., Harv., 1899; M.D., *ibid.*, 1903; House Pupil, M. G. H., 1903-
04; Asst. in Hunterian Lab., Johns Hopkins, 1908-09; Vol. Asst.
Surg., Children's Hosp., Boston, 1909-10; Surg., M. G. H., O. P.
D., 1910-12; Asst. in Surg., Harv., 1910-13; Surg., Boston Dispen-
sary, 1913-14; Assoc. in Surg., Harv., 1914-15; Major, M. C., U. S.
Army, 1918-19; Instr. in Surg., Harv.; *Surg.*, *P. B. B. H.*

HORRAX, GILBERT

A.B., Williams, 1909; M.D., Johns Hopkins, 1913; *Surg. H. O.*,
P. B. B. H., July 1, 1913-Nov. 1, 1914; Arthur Tracy Cabot Fellow
in charge of Lab. of Surg. Research, Harv., 1914-15; *Asst. Res.*
Surg., *P. B. B. H.*, 1915-16; Res. Surg., M. G. H., 1916-17; Major,
M. C., U. S. Army, 1917-19; Instr. in Surg. and Chairman, Dept.
of Surg., Harv.; Neurol. Surg., Children's Hosp., Boston; Consult.
Neurol. Surg., N. E. Deaconess Hosp.; *Assoc. in Neurol. Surg.*,
P. B. B. H., Oct., 1919-March, 1928; *Sr. Assoc. in Neurol. Surg.*,
ibid.

HOUCK, GEORGE H.

A.B., Univ. of Oregon, 1923; M.D., Harv., 1927; *Med. H. O.*, *P. B.*
B. H., Nov. 1, 1927-March, 1929.

HOWLAND, JOSEPH BRIGGS

M.D., Harv., 1896; Surg. House Pupil, M. G. H., 1896-97; Asst.
Phys., State Hosp., Tewksbury, Massachusetts, 1898-1901; Asst.
Supt., *ibid.*, 1901-02; Supt., State Colony for the Insane, Gardner,
Massachusetts, 1902-07; Asst. Res. Phys., M. G. H., 1907-17; Asst.
Administrator, *ibid.*, 1908-17; Act. Administrator and Res. Phys.,
ibid., 1917-19; Pres., American Hosp. Assoc., 1919-20; Mem. Mass.
State Bd. of Reg. of Nurses, 1919-24; Pres., N. E. Hosp. Assoc.,
1921-22; Trustee, *ibid.*; Lecturer, Hosp. Adm., Harv.; Member,
Harvard Cancer Comm.; Adm., Collis P. Huntington Mem. Hosp.
(Harv.); *Supt.*, *P. B. B. H.*

HOYT, LYMAN HOWARD

B.S., Univ. of Iowa; M.D., *ibid.*, 1925; Interne, Univ. Hosp., Iowa
City, 1926-27; *Asst. Res. Phys.*, *P. B. B. H.*, Aug. 1, 1926-Nov. 1,
1927; *Jr. Assoc. in Med.*, *ibid.*

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HUGGINS, HARRISON D.

Univ. of Oregon Med. School, 2 yrs.; M.D., Harv., 1926; Substitute H. O., House of Good Samaritan; *Med. H. O., P. B. B. H., Nov. 1, 1926-March 1, 1928.*

INGRAHAM, FRANC DOUGLAS

A.B., Harv., 1922; M.D., *ibid.*, 1925; *Surg. H. O., P. B. B. H., July 1, 1925-Nov. 1, 1926*; Fellow in Surg., Johns Hopkins Univ., Nov. 1, 1926-Sept. 1, 1927; *Asst. Res. Surg., P. B. B. H., Sept., 1927-Sept., 1928*; *Res. Surg., ibid., Sept.-Oct., 1928*; *P. B. B. H. Traveling Fellow in Surg.*

KENNEDY, WILLIAM R.

B.Sc., McGill, 1922; M.D., C.M., *ibid.*, 1925; Interne, rotating service, Montreal Gen. Hosp., 1925-26; Pathol. service, *ibid.*, 1926; Sr. in Med., *ibid.*, 1927-28; *Asst. Res. Phys., P. B. B. H.*

KENT, HAROLD A.

H.D.S., 1919; Assoc. to Dr. Miner, Prof. of Oral Surg. and Dean, H. D. S.; Dental Surg., Forsyth Dental Infirmary; Instr. Oral Surg., H. D. S.; *Dental Surg., P. B. B. H.*

KIRK, ESLEY J.

M.D., Univ. of Nebraska, 1926; H. O., Douglas Co. Hosp., Omaha, Nebraska, 1926-27; *Asst. Res. Phys., P. B. B. H., Aug., 1927-Aug., 1928*; *Jr. Assoc. in Med., ibid.*

LEVINE, SAMUEL ALBERT

A.B., Harv., 1911; M.D., *ibid.*, 1914; *Assoc. in Med., P. B. B. H., July 1, 1914-July 1, 1915*; *Med. H. O., ibid., July 1, 1915-Nov. 1, 1916*; Moseley Travelling Fellow, Harv., 1916-17; Asst., Rockefeller Inst. Hosp., New York, 1916-17; Capt., M. C., U. S. Army, 1917-19; Instr. in Med., Harv., 1919; Consult. Phys., Boston Psychopathic Hosp., 1921-24; Phys. to Boston Disp., 1924-26; Visit. Phys., Beth Israel Hosp.; *Assoc. in Med., P. B. B. H., Aug., 1919-March, 1928*; *Sr. Assoc. in Med., ibid.*

LEWIS, JR., WILLIAM H.

A.B., Harv., 1922; M.D., *ibid.*, 1926; Interne, Allegheny Gen. Hosp., Pittsburgh, Pa., July 1, 1926-July 1, 1927; *Med. H. O., P. B. B. H., July 1, 1927-March 1, 1928*; Neurol. H. O., B. C. H., 1928; Res. Pathol., Palmer Mem. Hosp.

MACPHERSON, DONALD JOHN

B.S., Univ. of Rochester, 1911; M.D., Harv., 1915; *Med. H. O., P. B. B. H., July 1, 1915-Nov. 1, 1916*; *Asst. Res. Phys., ibid., Nov., 1916-June 22, 1917*; Capt., M. C., U. S. Army, 1917-19; *Assoc. in Med., P. B. B. H.*

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McEACHERN, THOMAS H.

B.A., Univ. of Mich., 1925; M.D., *ibid.*, 1927; Vol. Asst., Pathol. Dept., Univ. of Mich., July-Nov., 1927; *Med. H. O., P. B. B. H.*

McLEAN, ARTHUR JOHN

A.B., Reed Coll., Portland, Oregon, 1921; M.D., Johns Hopkins, 1925; *Surg. H. O., P. B. B. H., July 1, 1925-Nov. 1, 1926; Assoc. in Surg., ibid., Jan. 10-Sept. 23, 1927; Arthur Tracy Cabot Fellow, Harv., 1926-27; Asst. Res. Surg., P. B. B. H.*

MEAGHER, RICHARD

M.D., Cornell, 1927; *Pathol. H. O., P. B. B. H., Sept. 1, 1927-Jan. 1, 1928; Surg. H. O., ibid.*

MENARD, OLIVER J.

B.S., Colgate, 1922; M.D., Jefferson Med. College, 1926; Interne, Rochester General Hosp., July 1, 1926-July 1, 1927; Asst. Clin. Phys., Rome State School, July 1, 1927-Oct. 15, 1927; *Med. H. O., P. B. B. H., Nov. 1, 1927-March 1, 1929.*

MINOT, GEORGE R.

A.B., Harv., 1908; M.D., *ibid.*, 1912; S.D., Harv., 1928; Med. H. O., East Med. Serv., M. G. H., July, 1912-Dec., 1913; Asst. Res. Phys., Johns Hopkins, 1913-14; Asst. in Med., Johns Hopkins, 1914-15; Special Research Worker, Johns Hopkins, 1914-15; Asst. in Med., Harv., 1915-18; Asst. in Med., M. G. H., 1915-18; Asst. in Chem., Harv., 1915-16; Dalton Scholar, M. G. H., 1916-20; Visit. Phys., St. Luke's Convalescent Home, Boston, 1916-18; Assoc. in Med., M. G. H., 1918-23; Asst. Consult. Phys., Huntington Mem. Hosp., 1917-19; Phys., *ibid.*, 1919-23; Contract Surg., U. S. A., Sept., 1917, and Sept. 15-Nov. 10, 1918; Consult. Phys., Mass. Eye and Ear Infirmary, 1922-24; Phys. to Special Clinic, M. G. H., 1923-25; Asst. Prof. of Med., Harv., 1918-27; Clin. Prof. of Med., *ibid.*, 1927-28; Phys. and Chief of Med. Labs., Huntington Mem. Hosp.; *Assoc. in Med., P. B. B. H., Feb. 12, 1925-March 8, 1928; Special Consult. in Diseases of the Blood, M. G. H.; Director, Thorndike Mem. Lab., B. C. H.; Visit. Phys. and Chief of 4th Med. Serv., B. C. H.; Consult. Phys., Beth Israel Hosp.; Prof. of Med., Harv.; Consult. Phys., P. B. B. H.*

MONROE, ROBERT THORNHILL

A.B., Univ. of Mich., 1918; M.D., *ibid.*, 1924; *Med. H. O., P. B. B. H., July 1, 1924-Nov. 1, 1925; Asst. Res. Phys., ibid., Nov. 1, 1925-Sept. 1, 1926; Asst. in Med., Harv., 1926-28; Instr. in Med., ibid.; Jr. Assoc. in Med., P. B. B. H.*

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MUNTER, EDGAR J.

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MURPHY, WILLIAM P.

A.B., Univ. of Ore., 1914; M.D., Harv., 1922, as of 1920; H. O., R. I. Hosp., 1920-22; *Asst. Res. Phys.*, P. B. B. H., 1922-23; Asst. in Med., Harv., 1924-28; Instr. in Med., *ibid.*; *Jr. Assoc. in Med.*, P. B. B. H., July 10, 1923-May 10, 1926; *Assoc. in Med.*, *ibid.*

NEWTON, FRANCIS CHANDLER

A.B., Amherst, 1915; M.D., Harv., 1919; F.A.C.S., 1927; *Surg. H. O.*, P. B. B. H., March 15, 1919-July 1, 1920; *Asst. Res. Surg.*, *ibid.*, July 1, 1920-Sept. 1, 1921; *Res. Surg.*, *ibid.*, Sept. 1, 1921-July 1, 1923; *Jr. Assoc. in Surg.*, *ibid.*, July 1-Sept. 15, 1923; Asst. in Surg., Harv., 1920-23; Moseley Trav. Fellow, *ibid.*, 1923-24; Vol. Asst., Phys. Inst., Berne, Switzerland, 1923-24; Instr. in Surg., Harv., 1924-28; Faculty Instr. in Surg., *ibid.*; *Assoc. in Surg.*, P. B. B. H., 1924-28; *Sr. Assoc. in Surg.*, *ibid.*

NEWTON, HARLAN FAY

A.B., Yale, 1916; M.D., Harv., 1920; Pathol. H. O., B. C. H., 1920-21; *Surg. H. O.*, P. B. B. H., Nov. 1, 1921-March 1, 1923; *Asst. Res. Surg.*, *ibid.*, Oct. 1, 1923-July 1, 1924; *Res. Surg.*, *ibid.*, July 1, 1924-Oct. 1, 1926; Austin Teach. Fellow in Surg., Harv., 1924-27; Workman Fellow in Physiol., *ibid.*, 1926-27; *Moseley and P. B. B. H. Travel. Fellow in Surg.*, 1927-28; Asst., first Med. Clin., Hamburg-Eppendorf, Germany, 1927-28; Austin Teach. Fellow in Surg., Harv.; *Jr. Assoc. in Surg.*, P. B. B. H.

NICHOL, ARTHUR D.

M.D., Ohio State Univ., 1926; Interne, St. Luke's Hosp., Cleveland, 1926-28; *Asst. Res. Phys.*, P. B. B. H.

O'HARE, JAMES PATRICK

A.B., Harv., 1908; M.D., *ibid.*, 1911; Med. H. O., B. C. H., So. Dept., 1911; Med. H. O., Carney Hosp., Boston, 1912-13; Fellow in Med., Harv., 1913-15; Asst. Visit. Phys., Carney Hosp., 1913-15; Asst. Visit. Phys., B. C. H., 1915-17; Asst. in Med., Harv., 1915-18; *Assoc. in Med.*, P. B. B. H., July 1, 1915-Aug. 1, 1917; *Act. Phys.*, *ibid.*, Aug. 1, 1917-Feb. 1, 1918; *Assoc. in Med.*, *ibid.*, Feb. 1-April 1, 1918; *Act. Phys.*, *ibid.*, April 1, 1918-Jan. 1, 1919; *Assoc. in Med.*, *ibid.*, Jan. 1, 1919-March 8, 1928; Instr. in Med., Harv.; *Sr. Assoc. in Med.*, P. B. B. H.

OLDBERG, ERIC

B.S., Northwestern, 1923; M.S., *ibid.*, 1926; M.D., *ibid.*, 1927; Ph.D., *ibid.*, 1928; Asst. in Physiol. and Pharmacol., *ibid.*, 1923-27; Instr. in Physiol., *ibid.*, 1927-28; Elizabeth J. Ward Fellow in Physiol., *ibid.*, 1928; *Surg. H. O.*, P. B. B. H.

REGISTER OF PRESENT MEMBERS OF THE STAFF

ORMOND, JR., ALFRED CURTIS

A.B., Davidson, 1922; M.D., Harv., 1927; *Surg. H. O., P. B. B. H., Oct. 1, 1927-Feb. 1, 1929.*

OUGHTERSON, ASHLEY W.

M.D., Harv., 1924; *Pathol. H. O., P. B. B. H., Jan. 1, 1924-Jan. 1, 1925*; *Surg. H. O., New York Hosp., Jan. 1, 1925-Jan. 1, 1927*; *Res. Surg., 1st Surg. Div., Bellevue Hosp., New York, Jan. 1, 1927-July 1, 1927*; *Asst. Res. Surg., P. B. B. H., 1927-28*; William Harvey Cushing Fellow in Surg., Yale Univ.

PATTERSON, HOWARD A.

M.D., Harv., 1925; *Interne, Roosevelt Hosp., New York, 1925-27*; *House Gynecologist, ibid., 1927-28*; *Asst. Res. Surg., P. B. B. H., Feb. 1-Sept. 1, 1928.*

PILCHER, COBB

M.D., Vanderbilt Univ., 1927; *Surg. H. O., P. B. B. H., July 1, 1927-Nov. 1, 1928*; *Asst. Res. Phys., Vanderbilt Univ. Hosp., Nashville, Tenn.*

POWERS, JOHN HOWARD

A.B., Bates, 1919; B.A., Oxon, 1923; M.D., Harv., 1925; *Surg. H. O., Lakeside Hosp., Cleveland, Ohio, 1925-26*; *Asst. Res. Surg., P. B. B. H., Oct. 15, 1926-Sept. 15, 1927*; Arthur Tracy Cabot Fellow in charge of Lab. of Surg. Research, Harv.; *Assoc. in Surg., P. B. B. H., Sept., 1927-Oct., 1928*; *Res. Surg., ibid.*

PUTNAM, TRACY JACKSON

A.B., Harv., 1915; M.D., *ibid.*, 1920; *Asst. Res. Pathol., J. H. H., 1920-21*; *Asst. Res. Surg., P. B. B. H., Nov. 1, 1923-Oct. 1, 1924*; Moseley Travelling Fellow, Harv., 1925; Arthur Tracy Cabot Fellow, *ibid.*, 1925-26; *Assoc. in Surg., P. B. B. H., 1925-28*; Research Fellow in Neuropathol., Harv.

QUINBY, WILLIAM CARTER

A.B., Harv., 1899; M.D., *ibid.*, 1902; House Pupil, M. G. H., 1902-03; *Asst. G. U. Surg., Boston Disp., 1907-09*; *Asst. Surg., N. E. Baptist Hosp., Boston, 1908-14*; in charge of Experimental Surg., Brady Clin., J. H. H., 1914-16; *Assoc. in Urol., ibid., 1915-16*; Clin. Prof., G. U. Surg., Harv.; *Urol. Surg., P. B. B. H.*

RAWLINGS, J. MOTT

B.S., Princeton, 1921; M.D., Johns Hopkins, 1925; *Interne, ibid., 1925-26*; *Instr. in Pathol., ibid., 1926-27*; *H. O. Med. Serv., Baltimore City Hosp., 1927-28*; *Pathol. H. O., P. B. B. H.*

RENNIE, THOMAS A. C.

B.S., Univ. of Pittsburgh, 1924; M.D., Harv., 1928; *Med. H. O., P. B. B. H.*

PETER BENT BRIGHAM HOSPITAL

RICHARDS, LYMAN G.

A.B., Harv., 1916; M.D., *ibid.*, 1919; in Smyrna with Near East Relief, 1919; Surg. H. O., St. Luke's Hosp., New York, 1920-22; Mass. Eye and Ear Infirmary, Ear, Nose and Throat Serv., 1922-24; Chief in Otolaryngology, Children's Hosp., Boston; Assoc. in Otolaryngology, New England Deaconess Hosp.; Consultant in Bronchoscopy, Union Hosp., Fall River; Permanent Staff, Baptist Hosp., Boston; *Assoc. in Otolaryngology, P. B. B. H.*

RIDDLE, MATTHEW C.

B.A., Reed College, 1917; M.A., Univ. of Oregon, 1922; M.D., Harv., 1926; Huntington Mem. Hosp., March-June, 1926; *Med. H. O., P. B. B. H., Nov. 1, 1926-March 1, 1928*; Res. Interne and Jr. Research Asst., Simpson Mem. Inst. for Med. Research; Fellow in Med., National Research Council.

ROOT, HOWARD FRANK

A.B., Harv., 1913; M.D., *ibid.*, 1919; *Med. H. O., P. B. B. H., Feb. 13, 1919-Jan. 1, 1920*; Clin. Lab., J. H. H., 1920; Asst. Phys., N. E. Deaconess Hosp.; *Assoc. in Med., P. B. B. H.*

RUBLEE, C. D.

M.D., Univ. of Vt., 1920; in practice, 1920-28; *Roent. H. O., P. B. B. H., Nov. 1, 1928-Feb. 1, 1929.*

SAGEBIEL, JAMES LAMBERT

B.S., Denison Univ., 1924; M.D., Harv., 1927; *Surg. H. O., P. B. B. H., Oct. 1, 1927-Feb. 1, 1929.*

SCARFF, JOHN E.

B.S., Princeton, 1920; M.D., Johns Hopkins, 1924; experimental lab. work, *ibid.*, 1924-25; H. O., *ibid.*, 1925-27; *Surg. H. O., P. B. B. H., March 1, 1927-July 1, 1928*; *Asst. Res. Surg., ibid.*

SCHMITZ, HENRY L.

B.S., Univ. of Chicago, 1920; M.S., Univ. of Wis., 1922; Ph.D., Univ. of Wis., 1924; M.D., Harv., 1926; Med. H. O., Huntington Mem. Hosp., Boston, July, 1926-Dec., 1926; *Med. H. O., P. B. B. H. March 1, 1927-July 1, 1928*; Lasker Fellow and Instr., Dept. of Med. Univ. of Chicago.

SCHNECK, ROBERT J.

M.D., Harv., 1925; Interne, St. Luke's Hosp., Chicago, 1925-26; *Med. H. O., P. B. B. H., July 1, 1926-Nov. 1, 1927*; *Asst. Res. Phys., ibid., 1927-28.*

SCHREIBER, WOLDEMAR F.

A.B., Univ. of Mich., 1918; M.D., Harv., 1923; Interne, Harper Hosp., 1923-25; Asst. to Dr. Max Ballin, 1925-28; Asst. in Surg., O. P. D., Harper Hosp., 1926; *Asst. Res. Surg., P. B. B. H.,*

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SCHULZ, REUBEN Z.

A.B., Central Wesleyan Coll., Warrenton, Missouri, 1921; M.A., Univ. of Nebraska, 1926; M.D., *ibid.*, 1927; Fellow and Asst., Dept. of Anat., *ibid.*, 1924-25; Asst. in Bact. and Immunology, *ibid.*, 1925-26; *Pathol. H. O., P. B. B. H., July 1, 1927-July 1, 1928.*

SHAMBAUGH, JR., GEORGE E.

A.B., Amherst, 1924; M.D., Harv., 1928; *Med. H. O., P. B. B. H.*

SMITH, W. CARTER

B.S., Emory Univ., 1924; M.D., *ibid.*, 1926; Interne, Grady Hosp., Atlanta, Ga., 1926-27; Asst. Res. Phys., Vanderbilt Univ. Hosp., 1927-28; *Jr. Assoc. in Med., P. B. B. H.*

SOSMAN, MERRILL C.

A.B., Univ. of Wis., 1913; M.D., Johns Hopkins, 1917; Res. Phys., Soldiers' Home Hosp., Washington, D. C., 1917-18; entered U. S. A., M. C.; Army Med. Sch., X-ray Dept., Walter Reed Hosp., 1919-21; X-ray Dept., M. G. H., 1921; Consult. Roent., C. P. Huntington Mem. Hosp.; Consult. Roent., Peabody Home for Crippled Children; Assoc. in Roent., Children's Hosp.; *Roentgenologist, P. B. B. H.*

SPIES, THOMAS D.

M.D., Harv., 1927; *Pathol. H. O., P. B. B. H., Jan. 1, 1928-Jan. 1, 1929.*

STRAYHORN, JR., WILLIAM DAVID

B.A., Vanderbilt, 1925; M.D., *ibid.*, 1928; *Med. H. O., P. B. B. H.*

TAYLOR, ARTHUR C.

B.A., Univ. of Wisconsin, 1921; M.A., *ibid.*, 1924; M.D., Harv., 1927; *Med. H. O., P. B. B. H., July 1, 1927-Nov. 1, 1928; Pathol. H. O., ibid.*

TROPPOLI, DANIEL V.

A.B., A.M., Brown Univ., 1923; M.D., Harv., 1927; *Med. H. O., P. B. B. H.*

VANCE, ROBERT G.

Roent., Huntington Mem. Hosp., 1924-28; *Assoc. in Roent., P. B. B. H., 1928;* Asst. Visit. Phys., X-ray Dept., M. G. H.

VERMOOTEN, VINCENT

A.B., Univ. of Capetown, South Africa; A.M., *ibid.*, 1920; M.D., Johns Hopkins, 1923; Sr. Demonstr. in Anat., Univ. of Capetown, 1918-20; Res. H. O., Johns Hopkins, 1923-24; Asst. Res. Surg., New Haven Hosp., 1924-27; Asst. in Surg., Yale, 1924-27; Asst. in G. U. Surg. Harv.; *Asst. Res. Surg., P. B. B. H., 1927-28;* Instr. in Urol., Yale Univ.; Assoc. Surg., New Haven Hosp.

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VOGT, EDWARD C.

M.D., Univ. of Iowa, 1923; Interne, St. Vincent's Hosp., Toledo, Ohio, 1923-24; *H. O., X-ray Dept., P. B. B. H., Sept. 12, 1924-March 1, 1925; Asst. Res. in Roent., ibid., March 1-Sept., 1925; Res. in Roent., New Haven Hosp., Oct., 1925-July, 1926; Roent., Children's Hosp., Boston; Roent., Huntington Mem. Hosp.; Assoc. in Roent., P. B. B. H.*

WALKER, JR., GEORGE L.

B.S., Emory Univ., 1924; M.D., *ibid.*, 1926; *H. O., Grady Hosp., 1926-27; House Phys., ibid., 1927-28; Asst. Res. Phys., P. B. B. H.*

WALKER, ISAAC CHANDLER

A.B., Johns Hopkins, 1905; M.D., *ibid.*, 1909; Grad. Stud., Lab. of Theory and Practice of Physic, Harv., 1910-11; Med. *H. O., Carney Hosp., Boston, 1910-11; Lect. on Clin. Microscopy and Phys. Diag., Univ. of Iowa, 1911-12; Stud. of Prof. Morawitz, Freiburg, Germany, 1912; Research, Rockefeller Hosp., New York, 1912; Sr. Med. H. O., P. B. B. H., Nov. 1, 1912-March 1, 1913; Asst. Res. Phys., ibid., March 1, 1913-March 1, 1914; Act. Res. Phys., ibid., March 1, 1914-Jan. 1, 1915; Asst. Res. Phys., ibid., Jan. 1, 1915-March 1, 1915 (granted leave of absence from March 1, 1915-Sept. 1, 1915); Med. Chief, Hosp. Ab. 32bis Passy Yonne, France, 1915; Asst. in Pharmacol., Harv.; Alumni Asst. in Med., *ibid.*; *Act. Phys., P. B. B. H., Aug. 1, 1917-Feb. 1, 1918, and April 1, 1918-Dec. 16, 1918; Asst. Prof. of Med., Harv., 1918-19; Assoc. in Med., P. B. B. H.**

WHEELER, BANCROFT

A.B., Harv., 1920; M.D., *ibid.*, 1924; Surg. *H. O., Mass. General Hosp., Sept., 1924-June, 1926; Urol. H. O., Roosevelt Hosp., Jan.-June, 1927; Asst. Res. Surg., P. B. B. H., 1927-28.*

WOLBACH, SIMEON BURT

Stud., Harv., 2 yrs.; M.D., *ibid.*, 1903; 2nd Asst. in Pathol., B. C. H., 1903-04; 1st Asst. in Pathol., *ibid.*, 1904-05; 2nd Asst. Visit. Pathol., *ibid.*, 1905-08; Pathol., Long Island Hosp., Boston, 1905-08; Pathol., Boston Floating Hosp., 1905-08; Pathol., Mass. Infants' Asylum, 1905-08; Asst. in Pathol., Harv., 1905-06; Instr. in Pathol., *ibid.*, 1906-08; Adjunct Prof. of Pathol. and Bacteriol., Albany Med. Coll., 1908-09; Director, Bender Hygienic Lab., Albany, New York, 1908-09; Pathol., Albany City Hosp., 1908-09; Pathol., St. Peter's Hosp., Albany, 1908-09; Pathol., St. Margaret's House, Albany, 1908-09; Lecturer in Pathol., McGill Univ., 1909-11; Director, Histol. Lab., *ibid.*, 1909-11; Director, Montreal Gen. Hosp. Lab., 1909-11; Asst. Prof. of Bacteriol., Harv., 1910-14; Assoc. Prof. of Bacteriol., *ibid.*, 1914-16; Pathol., Children's Hosp., Boston; Fellow, Am. Acad. of Arts and Sciences, 1914; Visit. Pathol., Children's Hosp., Boston, 1915; Corr. Mem., Société de Pathologie Exotique, Paris; Commander, Order of Polonia Res-

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tituta; Shattuck Prof. Pathol. Anat., Harv.; *Pathol., P. B. B. H.* (on leave of absence Jan. 1-Aug. 1, 1920, in charge of Typhus Research Hosp., Poland).

WOOD, NATHANIEL KNIGHT

A.B., Harv., 1897; M.D., *ibid.*, 1901; H. O., B. C. H., 1902-04; H. O., Boston Lying-In Hosp., 1904; Visit. Phys., Carney Hosp., O. P. D., 1907-12; Visit. Phys., Boston Consumptives' Hosp., O. P. D., 1909-17; Phys., Boston Disp., 1912-18; *Assoc. in Med., P. B. B. H.*

WRIGHT, LESLIE H.

M.D., Univ. of Vt., 1918; H. O., Naval Hosp., Chelsea, 1918-19; Transport Serv., May 1, 1919-Sept. 1, 1919; Asst. Phys., Conn. State Hosp., Sept., 1919-July, 1920; Private Practice, July, 1920-May, 1922; Pathol., Monson State Hosp., May, 1922-Dec., 1924; Asst. in Hosp. Adm., Harv. Sch. Public Health; *Second Asst. Supt., P. B. B. H., Dec. 1, 1924-Dec. 1, 1927; First Asst. Supt., ibid.*

WYATT, TYREE C.

A.B., Wake-Forest Coll., 1920; M.D., Syracuse Univ., 1922; Dept. of Pathol., *ibid.*, 1922-27; *Med. H. O., P. B. B. H., 1927-28.*

ZINSSER, HANS

A.B., Columbia, 1899; A.M., M.D., *ibid.*, 1903; Asst. Prof. Bacteriol., Leland-Stanford, 1910-11; Prof., *ibid.*, 1911-13; Prof. Bacteriol., Columbia Univ., 1913-23; Bacteriol., Presbyterian Hosp., 1913-23; Prof. of Bacteriol., Harv.; *Consult. Bacteriol., P. B. B. H.*

ZOLLINGER, ROBERT

B.S., Ohio State Univ., 1924; M.D., *ibid.*, 1927; H. O., Inst. for Feeble-Minded, Columbus, Ohio, 1925-27; *Surg. H. O., P. B. B. H.*

Register of Former Members of the Staff

ADAMS, FRANK DENNETTE

Litt.B., Princeton, 1913; M.D., Harv., 1917; Med. H. O., M. G. H., 1917-18; 1st Lieut., M. C., U. S. Army, 1918-19; *Pathol. H. O.*, *P. B. B. H.*, Oct. 1, 1919-March 15, 1920; *Act. Res. Pathol.*, *ibid.*, March 15-July 1, 1920; Res. Phys., B. C. H., 1920-22; Lect. in Med., Univ. of N. C., Extension Div., 1922 and 1923; H. O., So. Dept., B. C. H., 1922; Assoc. in Therapeutics, George Washington Univ.; Instr. in Med., Georgetown Univ., 1923; Assoc. Phys., M. G. H.; Asst. in Med., Harv.; in practice, Boston.

ALEXANDER, HARRY LOUIS

A.B., Williams, 1910; M.D., Columbia, 1914; H. O., Presbyterian Hosp., New York, 1914-16; *Asst. Res. Phys.*, *P. B. B. H.*, Sept. 15, 1916-July 6, 1917; Major, M. C., U. S. Army; Instr. in Med., Cornell, 1919-24; Asst. Adjunct Attend. Phys., 2nd Med. Div., Bellevue Hosp., New York, 1919-24; Attend. Phys. and Visit. Pathol., Overlook Hosp., Summit, New Jersey, 1920-24; Chief of Asthma Dept., Cornell Pay Clin., New York, 1921-24; Assoc. Prof. Med., Washington Univ., and Assoc. Phys., Barnes Hosp., St. Louis.

ALTNOW, HUGO OSKAR

M.D., Univ. of Mich., 1907; Interne and Asst. Surg., Northern Pac. Ry. Hosp., Brainerd, Minnesota, 1907-09; Surg., Northern Pac. Ry., and Private Practice, Mandan, North Dakota, 1909-24; Visit. Phys., Mandan Deaconess Hosp., 1919-24; Grad. Asst. in Neurol., O. P. D., M. G. H., May 1-July 1, 1924; *Jr. Assoc. in Med.*, *P. B. B. H.*, July 11, 1924-July 1, 1925; Asst. in Med., Dept. of Med., Univ. of Minn.; in practice, Minneapolis, Minnesota.

ARMSTRONG, WILBER P.

A.B., Univ. of Ill., 1920; M.D., Harv., 1923; Interne, Fifth Ave. Hosp., New York; *Surg. H. O.*, *P. B. B. H.*, Jan. 6-July 1, 1925; in practice, Springfield, Illinois.

ATWATER, REGINALD MYERS

A.B., Colorado Coll., 1914; M.D., Harv., 1918; C.P.H., Johns Hopkins, 1920; Dr. P.H., *ibid.*, 1921; *Med. H. O.*, *P. B. B. H.*, March 1, 1918-April 15, 1919; Dept. of Hygiene, Hunan-Yale College of Med., Changsha, Hunan, China, 1921-25; Inst. Epidemiology, Harv. Sch. Public Health, 1925-27; County Health Officer, Cattaraugus Co. Dept. of Health, Olean, New York.

BAGLEY, JR., CHARLES

M.D., Univ. of Md., 1904; A.B., Loyola, 1911; Asst. Res. Phys., Univ. Hosp., Baltimore, 1904-05; Asst. Res. Surg., *ibid.*, 1905-06;

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Med. Supt., Hebrew Hosp., Baltimore, 1906-10; *Asst. Res. Surg.*, *P. B. B. H.*, Jan. 1, 1913-Jan. 1, 1914; Major, M. C., U. S. Army, 1917-19; Visit. Surg. Sinai Hosp., Church Home and Infirm., St. Agnes' Hosp., Bon Secours Hosp.; W. Baltimore Gen. Hosp., Maryland Gen. Hosp., and Union Mem. Hosp., Baltimore; Consult. Surg., Baltimore Eye, Ear and Throat Charity Hosp., Emergency Hosp., Annapolis, Maryland, Presbyterian Eye, Ear and Throat Charity Hosp., St. Joseph's Hosp., So. Baltimore Gen. Hosp., Baltimore, Alleghany Hosp., Cumberland, Maryland, Provident Hosp., and Waynesboro Hosp., Waynesboro, Pennsylvania; Assoc. in Exper. Neurol., Johns Hopkins; Asst. Psychiatrist, J. H. H., Baltimore; Consult. Neuro-Surgeon, U. S. P. H. S.; in practice, Baltimore.

BALDWIN, LOUIS B.

Litt. B., Princeton, 1915; M.D., Columbia, 1919; Interne, Presbyterian Hosp., New York, April, 1919-July, 1920; Interne, Sloane Hosp., New York, Sept., 1920-Dec., 1920; Assoc. in Med., Presbyterian Hosp., New York, Jan., 1921-July, 1921; *Asst. Res. Phys.* (*acting*) *P. B. B. H.*, Dec. 20, 1921-Feb. 1, 1922; Instr. in Med. and Asst. Phys., Strong Mem. Hosp., Rochester, New York; Phys., Rochester Gen. Hosp.; Phys., Baden St. Disp., Rochester.

BALYEAT, RAY MORTON

A.B., Oklahoma Univ., 1912; B.S., *ibid.*, 1915; M.A., *ibid.*, 1916; M.D., *ibid.*, 1918; *Med. H. O.*, *P. B. B. H.*, Nov. 1, 1916-Oct. 1, 1919; Instr. in Med. and Allergy, Univ. of Oklahoma Med. School; Consult. Phys., St. Anthony's Hosp. and State Univ. Hosp., Oklahoma City; in practice, Oklahoma City, Oklahoma.

BARR, JOSEPH SEATON

B.S., College of Wooster, Wooster, Ohio, 1922; M.D., Harv., 1926; Stud. H. O., Huntington Mem. Hosp., 1924-25; *Surg. H. O.*, *P. B. B. H.*, July 1, 1926-Nov. 1, 1927.

BARROW, WILLIAM HULBERT

A.B., Harv., 1908; M.D., *ibid.*, 1916; *Med. H. O.*, *P. B. B. H.*, Nov. 1, 1916-June 17, 1917; Lieut. and Capt., M. C., U. S. Army, 1917-21; Med. Advisor, Middlesex School, Concord, Massachusetts, 1921-22; Med. Advisor and Prof. of Phys. Education, Stanford Univ., 1922-27; Asst. Clin. Prof. Med., *ibid.*, 1926-27; Assoc. Clin. Prof. Med., *ibid.*, 1927-28; Staff member, Mercy and Scripps Memorial Hospitals; Member, Visiting and Consult. Staff, San Diego Co. Hosp.; Lect. in Prev. Med., State Teachers' Coll., San Diego, Calif.; in practice, San Diego, Calif.

BECK, CLAUDE S.

A.B., Franklin and Marshall College, 1916; Grad. Sch., Univ. of Pittsburgh, 1916-17; M.D., Johns Hopkins, 1921; Res. H. O., J. H. H., 1921-22; Asst. Res. Surg., New Haven Hosp., 1922-23; Arthur Tracy Cabot Fellow, Harv., and *Assoc. in Surg.*, *P. B. B. H.*, 1923-24; in charge Surg. Lab., Western Reserve Univ.,

PETER BENT BRIGHAM HOSPITAL

Cleveland, Ohio, 1924-25; Instr. in Surg., Western Reserve Med. School; Res. Surg., Lakeside Hosp., Cleveland, 1925-26; *Asst. Res. Surg., P. B. B. H., April 9-June, 1927*; Instr. in Surg., Western Reserve Univ. School of Med.; Asst. Surg., Lakeside Hosp., 1927-28; Assoc. Surg., *ibid.*; Asst. Prof. Surg., Western Reserve Univ. Sch. of Med.

BELT, A. ELMER

M.D., Univ. of Cal., 1920; Fellow, Hooper Research Laboratories, *ibid.*; Asst. in Urol. Surg., Univ. Hosp., for a year; *Asst. Res. Surg., P. B. B. H., July 1, 1922-July 1, 1923*; in practice, Los Angeles.

BENET, GEORGE

Student for 3 yrs., Univ. of S. C., and Univ. of Va.; M. D., Harv., 1913; *Med. H. O., P. B. B. H., June 1, 1913-July 1, 1914*; Sr. Surg. H. O., St. Luke's Hosp., Chicago, July 1, 1914-Jan. 1, 1915; Lab. Asst., Harv. Unit, Am. Ambulance Hosp., Paris, France, 1915; Surg. at French Hosp. near Annel, 1915-16; Capt. and Asst. Surg., 2nd Harv. Unit, B. E. F., France, 1916; Res. Phys., Collis P. Huntington Mem. Hosp., 1916-17; Surg., Fulham Military Hosp., London, England, 1917; M. R. C., U. S. Army, 1917-18; Capt., M. C., U. S. Army; Battalion Med. Officer to 16th Devons Infantry Reg., (British) 1918; Awarded British Military Cross, 1918; Fellow, American College of Surgeons; Asst. Visit. Surg., Richland Co. Hosp.; Chief Surg., South Carolina State Hosp.; Attend. Surg., Newberry Co. Hosp.; in practice, Columbia, South Carolina.

BENTON, ROY WILMOT

Ph.B., Brown Univ., 1918; M.D., Harv., 1922; *Med. H. O., P. B. B. H., Nov. 1, 1922-March 1, 1924*; H. O., New York Nursery and Child's Hosp., 1924-25; H. O., Providence City Hosp., 1925; Resident Phys., *ibid.*, 1925-26; Asst. Supt., *ibid.*, 1926-28; Asst. Director, A. O. Smith Diag. Clin., Milwaukee, Wis.

BERGLUND, HILDING

M.D., Univ. of Stockholm, 1916; S.D., *ibid.*, 1920; Asst. Phys., Stockholm Hosp., 1915-19; Asst. Prof. Int. Med., Univ. of Stockholm, 1920; *Asst. Res. Phys., P. B. B. H., July 5, 1921-Sept. 1, 1923*; Asst. Prof. Medicine, Harv.; *Assoc. in Med., P. B. B. H., Sept. 1, 1923-Nov. 1, 1925*; Prof. of Med., Univ. of Minn., and Chief, Dept. of Med., Univ. Hosp.

BERRY, FRANK BROWN

A.B., Harv., 1914; M.D., *ibid.*, 1917; Pathol. H. O., B. C. H., July-Dec., 1917; *Med. H. O., P. B. B. H., Jan. 9-March 1, 1918*; 1st Lieut. and Capt., M. C., U. S. Army, 1918-19; 1st Asst. Pathol., B. C. H., 1919-20; Surg. H. O., Presbyterian Hosp., New York, 1920-21; Practicing Med., Providence, Rhode Island, 1921-23; Res. Surg., Bellevue Hosp., New York, 1923-24; Instr. in Surg., Colum-

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bia; Adjunct Attend. Surg., Bellevue Hosp.; Asst. Surg., Polyclinic Hosp., New York; in practice, New York City.

BLAKE, FRANCIS GILMAN

A.B., Dart., 1908; M.D., Harv., 1913; *Med. H. O., P. B. B. H., July 1, 1913-Nov. 1, 1914; Asst. Res. Phys., ibid., Nov. 1, 1914-Sept. 1, 1915; Res. Phys., ibid., Sept. 1, 1915-Oct. 1, 1916*; Moseley Travelling Fellow (Harv.), 1916-17; Asst., Rockefeller Inst. Hosp., 1916-17; Asst. Prof. of Med., Univ. of Minn., 1917-19; Visit. Phys., Elliott Mem. Hosp., Univ. of Minn., 1917-19 (leave of absence Feb. 11, 1918-July 1, 1919); Assoc. in Med., Rockefeller Inst. Hosp., 1919-20; Assoc. Mem. in Med., Rockefeller Inst. Hosp., 1920-21; Mem., Board Scientific Directors, Rockefeller Inst. for Med. Research; Sterling Prof. of Med., Yale Univ., School of Med.; Phys.-in-Chief, New Haven Hosp., New Haven, Connecticut.

BLOSSER, HAROLD L.

A.B., Grinnell Coll., Grinnell, Iowa; M.D., Harv., 1925; *Pathol. H. O., P. B. B. H., Jan. 1, 1925-Jan. 1, 1926*; Grad. Asst. Roent., M. G. H., 1926; Surg. H. O., Lakeside Hosp., 1926-27; Asst. Res. Surg., *ibid.*, 1927-29; in practice, Norfolk, Nebraska.

BLUMGART, HERRMANN

B.S., Harv., 1917; M.D., *ibid.*, 1921; *Med. H. O., P. B. B. H., July 1, 1921-Nov. 1, 1922*; Moseley Traveling Fellow, Harv., 1923; Asst., Thorndike Mem. Lab., B. C. H., 1924-28; Asst. in Med., Harv., 1924-27; Faculty Instr., *ibid.*, 1927-28; Asst. Prof. of Med., *ibid.*; Visit. Phys., Beth Israel Hosp.; Director, Med. Research, *ibid.*

BOEHM, JULIUS BENJAMIN

B.S., St. Louis Univ., 1910; M.D., Johns Hopkins, 1914; *Surg. H. O., P. B. B. H., Nov. 1, 1914-Nov. 1, 1915*; Res. Surg., Greenpoint Hosp., Brooklyn, New York, 1915-18; Surg. Serv., Walter Reed Hosp.; in practice, Brooklyn, New York.

BOGGS, ARTHUR GORDON

A.B., Dart., 1915; M.D., Harv., 1919; *Surg. H. O., P. B. B. H., March 15, 1919-July 1, 1920*; New Haven Hosp., New Haven, Connecticut; Med. Missionary, Clough Mem. Hosp., Ongole, South India.

BOOTHBY, WALTER MEREDITH

A.B., Harv., 1902; M.D., *ibid.*, 1906; A.M., *ibid.*, 1907; European clinics for 8 mos., 1907-08; Surg. H. O., B. C. H., 1908-09; Asst. in Anat., Harv., 1910-14; Asst. in Anesthesia, Harv. Grad. School of Med., 1912-13; Sheldon Travelling Fellow, Harv. (Oxford Univ., largely); Anesthetist, B. C. H., 1912; *Supervisor of Anesthesia, P. B. B. H., Dec. 11, 1913-Nov. 14, 1916*; Lect. on Anesthesia and Instr. in Anat., Harv., 1914-16; Capt. and Major, M. C., U. S. Army, 1917-19; Assoc. Prof. of Med., Mayo Foundation, Univ. of Minn.; Head of Sect. of Clin. Metabolism, Mayo Clinic, Rochester, Minnesota.

PETER BENT BRIGHAM HOSPITAL

BOYD, DOUGLAS

Univ. of Ga.; M.D., Harv., 1922; H. O., Robert Brigham Hosp., Boston, 1921-22; Asst. Res. Phys., Boston Sanatorium, 1922-23; *Surg. H. O., P. B. B. H., March 1, 1923-July 1, 1924; Act. Asst. Res. Surg., ibid., July 1-Aug. 1, 1924*; Asst. in Med., Rockefeller Inst., 1924-25; Asst. Res. Phys., Hosp. of Rockefeller Inst.; Asst. Res. Surg., Lakeside Hosp., 1925-26; Res. Orthopedic Surg., Rainbow Hosp., Cleveland, Ohio, 1926; practice, Traumatic and Orthopedic Surg., Chicago, Illinois.

BRADLEY, JOHN I.

A.B., Georgetown Univ., 1920; M.D., Harv., 1925; Pathol. Interne, B. C. H., 1925; *Surg. H. O., P. B. B. H., Nov. 1, 1925-March 1, 1927*.

BREWSTER, ALBERT H.

B.A., Univ. of Va., 1914; M.D., J. H. M. S., 1918; M. C., U. S. Army, 1917-19; Children's Hosp. Sch., Baltimore, Maryland, 1919-20; *Surg. H. O., P. B. B. H., Feb. 15, 1920-July 1, 1921*; Orthopedic Service, Children's Hosp., Boston; Instr., Orthopedic Surg., Harv.; Visit. Orth. Surg., N. E. Peabody Home for Crippled Children, and Industrial School for Crippled and Deformed Children; in practice, Boston.

BRIGHAM, FERDINAND

A.B., Tufts Coll., 1912; D.M.D., H.D.S., 1915; *Dental Surg., P. B. B. H., March 13, 1919-Jan. 20, 1920*; Capt., R. A. M. C., 1915-19; Degree, Dental Surg., Fac. of Med., Paris; in practice, 95 Ave. des Champs Elysees, Paris.

BRILL, SELLING

A.B., Stanford, 1920; M.A., *ibid.*, 1922; M.D., Harv., 1924; *Surg. H. O., P. B. B. H., Nov. 1, 1924-March 1, 1926*; Hunter Fellow in Surg., Univ. Hosp., Philadelphia, Pennsylvania.

BRITTINGHAM, HAROLD HIXON

A.B., Yale, 1916; M.D., Harv., 1920; *Med. H. O., P. B. B. H., July 1, 1920-Nov. 1, 1921; Asst. Res. Phys., ibid., Nov. 15-Dec. 6, 1921*; Demonstr. Physiol., Western Reserve Univ., 1922-23; Demonstr. in Med., *ibid.*; Asst. Visit. Phys., Cleveland City Hosp.; in practice, Cleveland, Ohio.

BROWN, WILLIAM EUSTIS

Ph.B., Lafayette Coll., 1909; C.P.H., Harv.-M. I. T., Sch. of Public Health, 1915; M.D., Harv., 1920; *Surg. H. O., P. B. B. H., Oct. 15, 1920-Feb. 20, 1922*; Surg.-in-Chief, N. J. Zinc Co. Hosp., Franklin, New Jersey, 1922-24; Asst. Prof. Preventive Med., Univ. of Cinn., 1924-26; Assoc. Prof. Preventive Med., *ibid.*

BRYANT, JOHN

A.B., Harv., 1903; Asst. Res. Surg., Free Hosp. for Women, Brookline, 1905-06; M.D., Harv., 1907; Instr. in Pathol. and Neuropathol., *ibid.*, 1907-08; Surg. House Pupil, M. G. H., 1908-10;

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Private Asst. to Dr. S. J. Mixter, 1910-12; Research in Europe, 1912, 1913, and 1914; Asst. in Anat., Harv., 1913-18; Grad. Asst., M. G. H., O. P. D., 1915-16; Asst. to Phys.-in-Chief, Robert B. Brigham Hosp., 1915-16; *Vol. Asst., P. B. B. H., July, 1916-Jan., 1917; Assoc. in Med., ibid., Jan. 1, 1917-Jan. 1, 1918*; Major, M. C., U. S. Army, 1917-19, including service as Director, Convalescent Dept., Walter Reed General Hosp., and Field Consultant for the Northeastern Area, Division of Physical Reconstruction, Surgeon-General's Office; Secretary, American Gastro-Enterological Assn., 1923-27; Medical Asst. in Problems of Convalescence, M. G. H.; Consultant to Burke Foundation for Convalescents, New York; in practice, Internal Medicine, Boston.

BUCK, ROBERT WILLIAM

A.B., Butler Coll., 1914; A.M., Columbia, 1915; M.D., Harv., 1921; Asst. Res., Boston Hosp. for Consumptives, 1921; *Med. H. O., P. B. B. H., Nov. 1, 1921-March 1, 1923*; H. O., Boston Lying-In Hosp., 1923; Assoc. Chief, Med. Dept., Boston Disp.; in practice, Boston.

BURLINGHAM, LOUIS HERBERT

A.B., Yale, 1902; M.D., Johns Hopkins, 1906; House Pupil, M. G. H., 1906-07; Asst. Res. Phys., *ibid.*, 1907-12; Asst. Adm., *ibid.*, 1912; *First Asst. Supt., P. B. B. H., Oct. 19, 1912-April 30, 1917; Curator, ibid., May 8, 1913-May 10, 1917*; Lect. on Hosp. Adm., Washington Univ. Med. Sch.; Assoc. Editor, *Modern Hosp.*; Supt., Barnes Hosp., St. Louis, Missouri; Administrator, St. Louis Children's Hosp., 1917-25; Mem., Med. Council to U. S. Vet. Bureau; Pres., Mo. Hosp. Assoc., 1921-22; Trustee, Mid-West Hosp. Assoc.; Member, Exec. Comm. Community Fund; Trustee, A. H. A., 1919-21; President, A. H. A., 1928-29.

CADBURY, WILLIAM WARDER

A.B., Haverford, 1898; A.M., *ibid.*, 1899; M.D., Univ. of Pa., 1902; Res. Phys., Pa. Hosp., 1903-05; Stud. in Vienna, 1905; Instr. in Pathol. and Pharmacodynamics, Univ. of Pa., 1906-07; Pathol., St. Mary's Hosp., Philadelphia, 1906-07; Pathol., Henry Phipps Inst. for the Study, Treatment and Prevention of Tuberculosis, 1908-09; Visit. Phys., Free Hosp. for Poor Consumptives, White Haven, Pennsylvania, 1908-09; *Asst. Res. Phys., P. B. B. H., Nov. 1, 1915-March 1, 1916*; College Phys., Lingnan Univ., Canton, China.

CAIRNS, HUGH WILLIAM BELL

M.B., B.S., Univ. of Adelaide, 1917; Rhodes Scholar, Oxford, 1919-20; F.R.C.S., England, 1921; War service, 1915-18; House Surg., Radcliffe Infirmary, Oxford, 1920-21; House Surg., London Hosp., 1921; Pathol. Asst., *ibid.*, 1921-22; House Phys., *ibid.*, 1922; Asst. in Surg. Unit, London Hosp., 1923; Surg. First Asst., *ibid.*, 1924-25; Asst. Surg., *ibid.*, 1926; Hunterian Prof., R. C. S., 1925-26; *Asst. Res. Surg., P. B. B. H., Oct. 1, 1926-Sept. 15, 1927*; Asst. Surg., London Hosp., London, England.

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CALHOUN, ABNER W.

A.B., Univ. of Ga., 1918; M.D., Harv., 1923; 2 mos. in tuberculosis work, Ray Brook, New York; Med. H. O., B. C. H., March 1, 1924-Nov. 15, 1925; *Asst. Res. Phys., P. B. B. H., Nov. 15, 1925-Sept. 1, 1927*; Chief Res., Grady Hosp., Atlanta, Ga., 1927-28; in practice, Atlanta, Ga.

CARR, GLADYS LYDIA

M.D., Tufts, 1906; H. O., N. E. Hosp. for Women and Children, 1906-07; Asst. on Maternity Staff, *ibid.*, 1907-08; Gen. Practice, Boston, 1907-08; Private Practice, Lynn, 1908-14; Head of Roent. and Electrotherapeutic Depts., N. E. Hosp. for Women and Children; *Roentgenologist, pro tempore, P. B. B. H., June 1, 1914-Feb. 1, 1916*; *Roentgenologist, ibid., Feb. 1, 1916-Oct. 31, 1917*; Roentgenologist, American Comm. for Relief in the Near East, Asia Minor; Roentgenologist, Finley Hosp., Dubuque, Iowa.

CARTER, JR., DAVID WENDEL

A.B., Southwestern Univ., 1909; A.M., *ibid.*, 1910; M.D., Johns Hopkins, 1914; H. O., Clifton Springs Sanitarium, 1914; *Med. H. O., P. B. B. H., Jan. 4, 1915-July 1, 1916*; Asst. Res. Phys., J. H. H., 1916-17; Res. Phys. in charge of Private Wards, *ibid.*, 1917-18; 1st Lieut., M. C., U. S. Army, 1917-19; Visit. Phys., Parkland Hosp., Dallas; Assoc. Prof. of Med., Baylor Univ., Dallas; Mem. Staff, Baylor Hosp.; Chairman, Med. Advisory Comm., Dallas Methodist Hosp.; in practice, Dallas, Texas.

CARTY, JOHN RUSSELL

B.S., Princeton, 1917; M.D., Cornell, 1921; House Phys., New York Hosp., 1921-23; *X-ray H. O., P. B. B. H., July 1, 1923-July 1, 1924*; Asst., Dept. of Radiology, M. G. H., April-Oct., 1925; Chief of Clin. in Roent., Cornell Univ. Med. Sch. Clin., New York; Instr. Roentgenology, *ibid.*

CHASE, HENRY MELVILLE

S.B., Dart., 1897; M.D., Harv., 1901; House Pupil, M. G. H., 1901-02; Asst. Surg., Boston Disp., 1906-14; Surg., Boston Disp.; Surg., Berkeley Infirmary; *Assoc. in Surg., P. B. B. H., Nov. 17, 1914-July 11, 1919*; in practice, Boston.

CHELEY, GLEN EVAN

A.B., Colorado Coll., 1916; M.D., Harv., 1920; *Surg. H. O., P. B. B. H., July 1, 1920-Nov. 1, 1921*; H. O., Boston Lying-In Hosp., 1921-22; Instr. in Surg., Colorado Med. Sch.; Surg. to Out-Patients, Colorado Gen. Hosp.; in practice, Denver, Colorado.

CHRISTIAN, JR., THOMAS D.

M.D., Harv., 1923; Med. H. O., B. C. H.; *Asst. Res. Phys., P. B. B. H., Jan. 1, 1925-Nov. 15, 1925*; *Jr. Assoc. in Med., ibid., Nov. 15, 1925-Oct. 1, 1926*; in practice, Greensboro, North Carolina. *Died January 12, 1929.*

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CLARK, JR., BURTON

B.S., Univ. of Wis., 1921; M.D., Harv., 1923; Interne, St. Luke's Hosp., Chicago, July 1, 1923-April 1, 1925; *Surg. H. O., P. B. B. H., May 1-Nov. 1, 1925*; Pathol. H. O., B. C. H., Nov. 1, 1925-Jan. 1, 1926; in practice, Oshkosh, Wisconsin.

COBB, STANLEY

A.B., Harv., 1910; M.D., *ibid.*, 1914; *Surg. H. O., P. B. B. H., July 1, 1914-July 1, 1915*; Vol., Lab. of Physiol. Research, Johns Hopkins, 1915-16; Asst. in Physiol., *ibid.*; Asst. in Psychiatry, *ibid.*, 1916-17; Asst. in Psychiatry and Physiol. of the Nervous System, *ibid.*; Asst. Psychiatrist, *ibid.*, 1917-18; Assoc. in Psychiatry, *ibid.* (on leave of absence); 1st Lieut., M. C., U. S. Army, 1917-19; Asst. Neurol., M. G. H., 1919-20; Dalton Scholar, *ibid.*; Instr. in Neurol. and Physiol., Harv., 1919-23; Asst. Neurol., M. G. H.; Asst. Prof. of Neuropathol., Harv., 1923; Rockefeller Fellow in Europe, 1923-25; Assoc. Prof. Neuropathol., Harv., 1926; Prof. Neuropathol., *ibid.*

COLBY, FLETCHER H.

S.B., Dartmouth, 1914; M.D., Harv., 1918; served with B. C. H. unit, Evacuation Hosp. No. 110, during war; Surg. Interne, M. G. H., 1919-21; Ludlow-Jute Co., Ltd., Calcutta, India, 1921-23; *Asst. Res. Surg., P. B. B. H., Jan. 1, 1924-Jan. 1, 1925*; *Jr. Assoc. in Urol., ibid., Jan. 22, 1925-Oct. 1, 1926*; *Act. Assoc. in Surg., ibid., July-Sept., 1927*; Asst. Urologist, M. G. H.; Asst. in G. U. Surg., Harv.

CONNOR, CHARLES LLOYD

Univ. Pittsburgh, 1913-17; M.D., Baylor Univ., Coll. of Med., 1920; Interne, St. Joseph's Hosp., Pittsburgh, 1920-21; Gen. Practice, Montana, 1921-23; Fellow in Med., Nat. Research Council, 1923-25; Research Fellow, Pathol., Harv., 1923-25; Instr. in Pathol., *ibid.*, 1925; Faculty Instr., *ibid.*, 1926-28; *Res. Pathol., P. B. B. H., Sept. 1, 1925-Sept. 1, 1926*; Acting Director, Pathological Laboratories, Montreal General Hosp. (leave of absence from Harvard, 1926-27); Assoc. Prof. Pathol. and Ex. Head, Dept. of Pathol., Univ. of Calif. Med. Sch.

COOK, WARD HANCE

A.B., Univ. of Kans., 1909; A.M., *ibid.*, 1910; Fellow in Zoölogy, *ibid.*, 1909-10; Instr. in Embryology and Histology, *ibid.*, 1910; M.D., Harv., 1914; *Med. H. O., P. B. B. H., July 1, 1914-July 10, 1915*; 2nd Asst. in Pathol., B. C. H., 1915-16; 1st Asst. in Pathol., *ibid.*, 1916-17; Pathol., Long Island Hosp., Boston, 1917-21; Instr. in Pathol., Harv., 1917-21; Prof. of Pathol., Med. Coll. of Va., Richmond, Virginia, 1921-24; Assoc. Director, Wm. H. Singer Mem. Research Lab., Pittsburgh, Pennsylvania; Pathol., New York Post Grad. Med. School and Hosp.

COULTER, A. BARKLIE

A.B., Catholic Univ. of America, 1918; M.D., Johns Hopkins, 1924; Asst., Trudeau Sanatorium, Saranac, 1924-25; Asst. in Med., Royal

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Victoria Hosp., Montreal, 1925-26; *Jr. Assoc. in Med., P. B. B. H., Oct. 1, 1926-Sept. 1, 1927*; Instr. in Med., George Washington Univ. and Georgetown Univ., Washington, D. C.; Visit. Phys., Gallinger Hosp., Washington, D. C.; Jr. Visit. Phys., Garfield Mem. Hosp.

COUNCILMAN, WILLIAM THOMAS

M.D., Univ. of Md., 1878; Stud., Univs. of Vienna and Leipzig; Hon. A.M., Harv., 1899; Hon. A.M., Johns Hopkins, 1902; LL.D., Univ. of Md., 1907; LL.D., McGill Univ., 1911; Asst. Prof. in Anat., Johns Hopkins, 1890-91; Shattuck Prof. of Pathol. Anatomy, Harv., 1892; Emeritus Prof., *ibid.*; *Consult. Pathol., P. B. B. H., March 25, 1912-Aug. 14, 1913; Pathol., ibid., Aug. 14, 1913-Dec. 1, 1916 (granted leave of absence from Nov. 9-Dec. 1, 1916)*; Mem., Dr. Hamilton Rice's Expedition to South America; Fellow, Am. Acad., 1895; Mem., Nat. Acad. of Sciences, 1904; Fellow, Philosophical Society, Philadelphia, 1918.

CRISLER, JR., JOSEPH AUGUSTUS

B.S., Univ. of Va., 1917; M.D., Harv., 1921; F.A.C.S.; *Surg. H. O., P. B. B. H., Nov. 1, 1921-March 1, 1923*; in practice, Memphis, Tenn.

CROCKETT, EUGENE ANTHONY

Act. Consult. Otologist and Laryngologist, P. B. B. H., June 13, 1918-Dec. 31, 1919.

CUNNINGHAM, THOMAS DONALD

B.S., Dart., 1913; M.D., Harv., 1918; House Pupil, M. G. H., 1917-18; *Asst. Res. Phys., P. B. B. H., March 1, 1919-July 1, 1920*; House Pupil, Children's Med. Serv., M. G. H., 1920-21; Mem., Med. Staff, Denver City and County Hosp., St. Joseph's Hosp., St. Luke's Hosp., and Children's Hosp., Denver, Colorado; Staff, Colorado Gen. Hosp.; Instr. in Med., Univ. of Col.; in practice, Denver, Colorado.

CURTIS, ROBERT DUDLEY

A.B., Harv., 1914; M.D., *ibid.*, 1918; *Med. H. O., P. B. B. H., July 1, 1918-July 1, 1919*; Pediatric H. O., M. G. H., 1918; Asst. Visit. Phys., *ibid.*, O. P. D., 1919; Med. Director, Boston Baby Hygiene Assoc.; Asst. in Pediatrics, Harv.

CURTISS, ARTHUR NILES

A.B., Oberlin Coll., 1918; M.D., Syracuse Univ., 1923; Instr. in Physiol., Coll. of Med., Syracuse Univ., 1918-24; *Med. H. O., P. B. B. H., Nov. 1, 1924-March 1, 1926*; Asst. Attend., Univ. Hosp., Syracuse, N. Y.; Asst. Attend., Gen. Hosp. of Syracuse; in practice, Syracuse, New York.

CUTLER, ELLIOTT CARR

A.B., Harv., 1909; M.D., *ibid.*, 1913; *Surg. H. O., P. B. B. H., Nov. 1, 1913-March 1, 1915*; Res. Surg., Harv. Unit, Am. Ambulance Hosp., Paris, France, 1915; Res. Surg., M. G. H., 1915-16; Alumni

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Asst. in Surg., Harv., 1915-16; Vol. Asst., Rockefeller Inst., New York, 1916-17; Major M. C., U. S. Army; D.S.M., 1917-19; Instr. in Surg., Harv., 1921-24; *Res. Surg., P. B. B. H., Aug. 1, 1919-Sept. 1, 1921; Assoc. in Surg., ibid., Sept. 1, 1921-July 1, 1924;* Chairman, Dept. of Surg., and Director of Lab. of Surg. Research, Harv., 1922-24; Prof. of Surg., Western Reserve Univ. Med. Sch., and Chief Surg., Lakeside Hosp., Cleveland, Ohio.

DAVIDOFF, LEO MAX

Two yrs. pre-med. work, Harv.; M.D., *ibid.*, 1922; Stud. Interne, Boston Psychopathic Hosp., April, 1921-June, 1922; Pediatric Serv., B. C. H., July-Nov., 1922; Med. Serv., New Haven Hosp., Nov. 1, 1922-Nov. 1, 1923; *Surg. H. O., P. B. B. H., March 1, 1924-June 20, 1925;* Surg., MacMillan Arctic Expedition, June 20, 1925-Oct. 1, 1925; *Asst. Res. Surg., P. B. B. H., Nov. 1, 1925-Oct. 1, 1926; P. B. B. H. Travelling Fellowship, 1926-27;* Asst. Neuro-Pathol., Psychiatric Inst. of the State of New York, 1927-28; Attend. Neuro-Surg., N. Y. Neurol. Inst.; Asst. Neuro-Surg., Montefiore Hosp., N. Y.

DAVIDSON, LEONARD TOMB

B.S., Oberlin, 1912; M.D., Johns Hopkins, 1919; *Med. H. O., P. B. B. H., Sept. 15, 1919-Nov. 1, 1920;* Asst. Res. Phys., Presbyterian Hosp., New York, 1920-21; Res. Phys., St. Louis Children's Hosp., St. Louis, 1921-23; Instr., Asst., Diseases of Children, Col. Physicians and Surgeons, New York; Asst. Attend. Phys., Babies' Hosp., N. Y.

DAVIS, LOYAL

M.D., Northwestern Univ., 1918; M.S., *ibid.*, 1921; Ph.D. in Surg., *ibid.*, 1923; Nat. Research Council Fellow, 1922-24; *Jr. Assoc. in Surg., P. B. B. H., March-Oct., 1924;* Assoc. Prof. Surg., Chief, Neuro-Surg. Div., Director, Lab. Exp. Research, Northwestern Univ. Med. Sch.; Attend. Neurol. Surg., Wesley Mem. Hosp., Chicago; Attend. Surg., Cook Co. Hosp., and Children's Mem. Hosp., Chicago.

DAWSON, ROGER PAUL

A.B., Holy Cross, 1907; M.D., Harv., 1911; Med. H. O., Carney Hosp., Boston, 1911-12; *Med. H. O., P. B. B. H., Nov. 1, 1912-Nov. 1, 1913;* Fellow in Med., Harv., 1914-15; Phys., Carney Hosp., O. P. D., 1914-15; *Assoc. in Med., P. B. B. H., July 1, 1915-Dec. 31, 1916;* Asst. Phys., Boston Disp., O. P. D.; Phys. to O. P. D., M. G. H.; Asst. in Med., Harv.; in practice, Boston.

DAYTON, THEODORE READ

A.B., Amherst, 1916; M.D., Harv., 1925; *Surg. H. O., P. B. B. H., March 1, 1926-July 1, 1927.*

DEAN, JR., ARCHIE LEIGH

B.S., Cornell, 1913; M.D., *ibid.*, 1917; *Surg. H. O., P. B. B. H., May, 1917-Feb., 1918;* 1st Lieut., M. C., U. S. Army, 1918-19;

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Assoc. Surg., Mem. Hosp., N. Y.; Assoc. Urol., Fifth Ave. Hosp., N. Y.; Visit. Urol., Reconstruction Hosp., N. Y.; Consult. Urol., Somerset Hosp., N. Y.; in practice, New York.

DEVAN, THOMAS ALAN

B.S., Rutgers, 1906; M.D., Johns Hopkins, 1910; H. O., Presbyterian Hosp., New York, 1911-13; *Second Asst. Supt., P. B. B. H., Aug. 1, 1913-May 1, 1917; First Asst. Supt., ibid., May 1, 1917-July 1, 1919*; 1st Lieut., M. C., U. S. Army, Nov. 5, 1918-Dec. 6, 1918; College Phys. and Prof. of Hygiene, Rutgers Coll., New Brunswick, New Jersey, July, 1919-July, 1925; Asst. Director, Strong Mem. Hosp., Rochester, New York.

DOCK, WILLIAM

B.S., Wash. Univ., 1920; M.D., Rush Med. Coll., 1922; *Med. H. O., P. B. B. H., July 1, 1922-Nov. 1, 1923; Asst. Res. Phys., ibid., Nov. 1, 1923-Nov. 1, 1924*; Grad. Stud., Vienna, Austria; Med. Res., Lane and Stanford Hosp., San Francisco, Calif.; Asst. Clin. Prof. Med., Stanford Univ.; Asst. Prof. Med., *ibid.*

DOEGE, PAUL FREDERICK

Univ. of Wis., 1917-20; Western Reserve Univ., 1920-22; M.D., Harv., 1926; *Pathol. H. O., P. B. B. H., Oct. 1, 1926-Jan. 1, 1927.*

DONALD, DOUGLAS

B.S., Univ. of Mich., 1916; M.D., Harv., 1918; *Med. H. O., P. B. B. H., Feb. 12, 1918-March 1, 1919; Asst. Res. Phys., ibid., March 1-June 16, 1919*; Henry Ford Hosp., 1919-20; Asst. Prof. Med., Detroit Coll. of Med.; in practice, Detroit, Michigan.

DOTT, NORMAN McOMISH

M.B., Ch.B., Edinburgh; F.R.C.S., Edinburgh; *Jr. Assoc. in Surg., P. B. B. H., Nov., 1923-June, 1924*; Surg., Royal Edinburgh Hosp. for Sick Children; Surg., Deaconess Hosp., Edinburgh; Lect. in Surg. Diseases of Children, Edinburgh Univ.

DRINKER, CECIL KENT

B.S., Haverford, 1908; M.D., Univ. of Pa., 1913; Vol. Asst., Dept. of Pharmacology, Univ. of Pa. Med. Sch., 1913-14; *Med. H. O., P. B. B. H., March 1, 1914-July 1, 1915*; Asst. in Physiol., Johns Hopkins, 1915-16; Instr. in Physiol., Harv., 1916-18; *Res. Phys., P. B. B. H., July 10-Oct. 15, 1917*; Asst. Prof. Physiol., Harv., 1918-19; Assoc. Prof. Applied Physiol., *ibid.*, 1919-23; Asst. in Med., M. G. H., 1922; Asst. to the Visit. Phys., B. C. H., 1922-24; Special Research, Lab. of Zoöphysiology, Univ. of Copenhagen, Denmark, 1926-27; Prof. of Physiol., Harv.; Asst. Dean, Harv. Sch. Public Health.

DRINKER, KATHERINE ROTAN

A.B., Bryn Mawr, 1910; M.D., Women's Med. Coll. of Pa., 1914; *Asst. Res. Phys., P. B. B. H., July 7-Sept. 24, 1917*; Research

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Worker in Physiol., 1914-15, 1916-17; *ibid.*, Johns Hopkins, 1915-16; Managing Ed., Journal Indust. Hygiene, 1918-21; Lect. in Hygiene, Bryn Mawr Coll., 1921-23; Research Worker in Physiol., Harv., 1921-26.

EDSON, PHILIPS JOSIAH

A.B., Univ. of Cal., 1920; M.A., *ibid.*, 1921; M.D., *ibid.*, 1924; Stud. Interne, Hahnemann Hosp., summer 1922; Med. Officer to Sierra Club Outings, 1921-22; Interne, Yosemite Hosp., Cal., 1923; *Med. H. O.*, *P. B. B. H.*, Nov. 1, 1923-March 1, 1925; *H. O.*, X-ray Dept., *ibid.*, March 1-Sept. 1, 1925; Jr. Member of Staff in Med., Pasadena Hosp.; Roentgenologist, Pasadena Disp., and Pasadena Chest Clin.; in practice, Pasadena, California.

EDWARDS, SUMNER

A.B., Bowdoin, 1910; Stud., Hebron Acad., Me., 1910-11; M.D., Harv., 1915; *Med. H. O.*, *P. B. B. H.*, Nov. 1, 1915-Jan. 6, 1916. Died Jan. 6, 1916.

ELIOT, MARTHA MAY

A.B., Radcliffe, 1913; M.D., Johns Hopkins, 1918; *Med. H. O.*, *P. B. B. H.*, June 15, 1918-July 1, 1919; St. Louis Children's Hosp., 1919-20; Phys., Boston, Massachusetts, 1920-21; Dept. of Pediatrics, New Haven Hosp., New Haven, Connecticut, 1921-23; Asst. Clin. Prof., Pediatric Dept., Yale, 1927-29; Director, Div. of Child Hygiene, U. S. Children's Bureau, Washington, D. C., 1924-29.

ELKIN, DANIEL COLLIER

A.B., Yale, 1916; M.D., Emory Univ., 1920; Asst. Res. Surg., New York Lying-In Hosp., 1920; *Surg. H. O.*, *P. B. B. H.*, March 1, 1921-July 1, 1922; *Asst. Res. Surg.*, *ibid.*, July 1, 1922-July 1, 1923; *Res. Surg.*, *ibid.*, July 1-Sept. 1, 1923; Asst. in Surg., Harv., 1923; Instr. in Surg., Emory Univ. Sch. of Med., 1924; Assoc. in Surg., *ibid.*; Surg., Steiner Mem. Clin., Grady Hosp., and Wesley Mem. Hosp., Atlanta; Surg. in Chief, Henrietta Egleston Hosp. for Children, Atlanta; in practice, Atlanta, Ga.

EVANS, JAMES A.

A.B., Univ. of Wis., 1917; M.D., Harv., 1920; Med. Interne, Barnes Hosp., St. Louis; Group Practice, 1 yr.; St. Frances Hosp., La Crosse, Wisconsin; June, 1922, holder of Scholarship in France under Professors Gilbert and Widal and Dr. Bensaude; *Asst. Res. Phys.*, *P. B. B. H.*, July 10, 1923-July 1, 1924; Asst. Preceptor in Med., Univ. of Wis. Med. School; Vice-Chairman, Wis. Radiological Section; Mem., Central Soc. for Clin. Research; in practice, La Crosse, Wis.

FALK, EMIL A.

A.B., Univ. of Minn., 1921; M.D., Harv., 1925; *Med. H. O.*, *P. B. B. H.*, July 1, 1925-Nov. 1, 1926; Pathology, B. C. H., 1927; Med. Res., Second (Cornell) Med. Div., Bellevue Hosp., New York.

PETER BENT BRIGHAM HOSPITAL

FALLON, JOHN

A.B., Holy Cross, 1919; M.D., Harv., 1923; Asst. in Anat., Harv., 1923-25; Surg. H. O., St. Vincent Hosp., Worcester, 1924-25; *Surg. H. O., P. B. B. H., March 1, 1925-July 1, 1926*; Fellow in Surg., Mayo Clin., Rochester, Minnesota, 1927-29; (on leave of absence, 1927); Surg. Res., St. Vincent Hosp., Worcester, 1927; Surg., *ibid.*

FALLON, LOUIS

M.D., Univ. of Pa., 1916; F.A.C.S.; *Surg. H. O., P. B. B. H., July 1, 1916-Nov. 15, 1916*; M. C., U. S. Army 1918-19; Capt. with Base Hosp. 51 and 69 and Gen. Hosp. 31, Carlisle, Pennsylvania; in practice, Augusta, Maine.

FARBER, SIDNEY

B.S., Univ. of Buffalo, 1923; M.D., Harv., 1927; *H. O., Pathol., P. B. B. H., Jan. 1-Sept. 1, 1927.*

FISHBACK, FRED C.

A.B., Harv., 1919; M.D., *ibid.*, 1922; H. O., St. Francis Hosp., Jersey City, New Jersey; *Pathol. H. O., P. B. B. H., May 15, 1923-Feb. 1, 1924*; 1 yr. at Women's Hosp., New York; New York Lying-In Hosp., 1925; Fellow in Surg., Mayo Clinic, Rochester, Minnesota.

FISHER, RIVINGTON H.

M.B., Queen's Univ., 1915; M.D., *ibid.*; C.M., *ibid.*; *Asst. Res. Surg., P. B. B. H., July 13, 1923-Jan. 1, 1924.*

FISKE, SEYMOUR

A.B., Univ. of Wis., 1916; M.D., Univ. of Pa., 1920; *Med. H. O., P. B. B. H., April 1, 1920-July 1, 1921*; Out-Patient Attend., Babies' Hosp., New York, 1921-22; Attend. Phys., Cornell Clin., 1921-23; Attend. Gastro-Enterologist, Vanderbilt Clin., New York, 1923-24; Chief, G. I. Clin., Midtown Hosp., New York, 1925-26; Asst. Attend. Phys., Lutheran Hosp. of Manhattan; Asst. Attend. Phys., Presbyterian Hosp., O. P. D., New York; in practice, New York.

FLEMING, HOWARD

A.B., Univ. of Cal., 1914; M.D., *ibid.*, 1917; Med. and Surg. H. O., San Francisco Hosp. for 8 mos; Capt., M. C., U. S. Army; Asst. Res. Surg., San Francisco Hosp., 1919; *Asst. Res. Surg., P. B. B. H., Dec. 20, 1919-Feb. 1, 1921*; Asst. Prof., Univ. of Cal.; Visit. Neuro-Surg., St. Luke's, Mt. Zion, and San Francisco Hospitals; in practice, San Francisco.

FLEMING, LEROY NEWTON

A.B., Miami, 1910; M.D., Johns Hopkins, 1914; Asst. in Surg., *ibid.*, 1915; *Surg. H. O., P. B. B. H., Nov. 1, 1915-March 1, 1916*; Special Stud., Univ. of Mich., 1915-16; Surg. Research, Detroit, Michigan.

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FOLEY, FREDERIC E. B.

Ph.B., Yale, 1913; M.D., Johns Hopkins, 1918; Asst. in Pathol., *ibid.*, 1918-19; Lab. for Surg. Research, Harv., 1919-20; *Surg. H. O., P. B. B. H., March 1, 1920-July 1, 1921*; Instr. in Urol., Univ. of Minn. Med. Sch.; Genito-urinary Surg., Ancker Hosp., St. Paul, Minnesota; Visit. Surg., Miller Hosp.; Urologist, *ibid.*; in practice, St. Paul, Minnesota.

FORBES, HENRY STONE

A.B., Harv., 1905; Philippine Islands, 1905-06; M.D., Harv., 1911; Med. H. O., B. C. H., 1911-13; *Sr. Med. H. O., P. B. B. H., June 1-Nov. 1, 1913*; Phys. for Men, Infirmary, Univ. of Cal., Berkeley, Cal., 1914-15; Am. Red Cross, Serbia, 1915-16; Asst. Phys., M. G. H., O. P. D.; Lieut. and Capt., M. C., U. S. Army, 1917-19; Research Work, Cancer Commission, Harv.; Lab. and Field Work, Div. Industrial Hygiene, *ibid.*; Hon. Research Fellow, Applied Physiol., Yale Univ., New Haven, Connecticut; Research Work, Neuropathol., Harv.; Research Fellow Neuropathol., *ibid.*

FORT, JR., LYNN

B.S., Univ. of Ga., 1921; M.D., Emory Univ., 1925; Interne, Cincinnati Gen. Hosp., July, 1925-Feb., 1926; *Surg. H. O., P. B. B. H., March 1, 1926-July 1, 1927*; Asst. Res. Surg., Strong Mem. Hosp., Rochester, N. Y., 1927-28; in practice, Atlanta, Ga.

FOSTER, JOHN HESS

B.S., Colby, 1913; M.D., Univ. of Pa., 1917; *Med. H. O., P. B. B. H., July 1, 1917-June 15, 1918*; 1st Lieut., M. C., U. S. Army, 1918-19; Instr. in Med., Hunan-Yale Coll. of Med., Changsha, China; Vol. Asst., Thorndike Mem. Lab., B. C. H., 1923-24; Asst. in Med., Harv., 1924; Asst. Prof. in Med., Hunan-Yale Coll. of Med., Changsha, China; Assoc. Prof. of Med., *ibid.*, 1924-27; Asst. Phys., Waterbury Hosp.; in practice, Waterbury, Connecticut.

FOSTER, LEWIS CHANDLER

A.B., Univ. of Kansas, 1919; M.D., Harv., 1923; Substitute, Med. Serv., New York Hosp., 2 mos., 1922; *Surg. H. O., P. B. B. H., July 1, 1923-Nov. 1, 1924*.

FREMONT-SMITH, FRANK

M.D., Harv., 1921; *Pathol. H. O., P. B. B. H., July 1, 1921-July 1, 1922*; Med. H. O., B. C. H., 1922-23; Asst. in Neuropathol., Harv., 1923-24; Asst. in Neurol., M. G. H.; Asst. in Neuropathol., Harv., 1924-25 and 1925-26; John White Brown Scholar, Harv., 1924-25 and 1925-26.

FREMONT-SMITH, MAURICE

A.B., Harv., 1913; M.D., *ibid.*, 1918; *Surg. H. O., P. B. B. H., March 1, 1918-Feb. 7, 1919*; in charge of hosp. at Sivas, Armenia, 1919-20; in practice, Boston.

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GABE, WILLIAM EDWIN

M.D., Harv., 1918; *Surg. H. O., P. B. B. H., March 1, 1918-March 31, 1919*; Instr. in Surg., Indiana Univ. Sch. of Med.; Visit. Staff in Gynecology, Indianapolis City Hosp.; Staff, Methodist Episcopal Hosp., and St. Vincent's Hosp., Indianapolis; in practice, Indianapolis, Indiana.

GERMAN, WILLIAM J.

A.B., Univ. of Calif., 1922; M.A., *ibid.*, 1923; M.D., Harv., 1926; *Surg. H. O., P. B. B. H., July 1, 1926-Nov. 1, 1927*; Fellow in Plastic Surg., Johns Hopkins.

GILE, HAROLD H.

A.B., Princeton, 1915; M.D., Columbia (Coll. of Phys. and Surgs.), 1922; Surg. Interne, Presbyterian Hosp., New York, 1922-24; *Asst. Res. Surg., P. B. B. H., Jan. 1-Nov. 1, 1925*; Asst. Visit. Urologist, Presbyterian Hosp., New York (one year's leave of absence).

GOETSCH, EMIL

S.B., Univ. of Chicago, 1903; Ph.D., *ibid.*, 1906; Fellow Asst. and Assoc. in Anat., *ibid.*, 1904-08; Research Asst., Dept. of Exp. Therapeutics, *ibid.*, 1908-09; Rush Med. Coll., 1906-07; M.D., Johns Hopkins, 1909; Asst. in Surg., *ibid.*, 1909-10; Asst. Res. Surg., *ibid.*, 1910-12; *Res. Surg., P. B. B. H., Sept. 1, 1912-Sept. 1, 1915*; Asst. in Surg., Harv., 1912-15; Assoc. in Surg., Johns Hopkins, 1915-18; Assoc. Prof. of Surg., *ibid.*, 1918-19; Prof. of Surg. and Surg.-in-Chief, Long Island Coll. Hosp., Brooklyn, New York; in practice, Brooklyn, New York.

GOLDEN, ROSS

A.B., Cornell (Mt. Vernon, Iowa), 1912; M.D., Harv., 1916; *Med. H. O., P. B. B. H., July 1, 1916-July 18, 1917*; Capt. and Major, M. C., U. S. Army, 1917-20; House Phys., X-ray Dept., M. G. H., 1920-21; *Asst. Res. Phys., P. B. B. H., July 1, 1921-April 15, 1922*; Visit. Phys., Roentgen-ray Dept., Presbyterian Hosp., New York; Asst. Prof. of Med., Columbia Univ.

GOODALL, HARRY WINFRED

A.B., Dart., 1898; M.D., Harv., 1902; House Pupil, M. G. H., 1902-03; House Pupil, Boston Lying-In Hosp., 1903; *Assoc. in Med., P. B. B. H., Dec. 12, 1912-Dec. 31, 1917*; Lieut. Col., M. C., U. S. Army, 1917-19; Instr. in Med., Harv. Grad. Sch. of Med.; Phys., Boston Dispensary; Asst. Visit. Phys., N. E. Baptist Hosp.; in practice, Boston.

GOODPASTURE, ERNEST WILLIAM

A.B., Vanderbilt, 1907; M.D., Johns Hopkins, 1912; Rockefeller Fellow in Pathol., Johns Hopkins, 1912-14; Pathol., Union Protest. Infirmary, Baltimore, 1913-14; Asst. Res. Pathol., J. H. H., 1913-14; Act. Res. Pathol., *ibid.*, 1914-15; Instr. in Pathol., Johns Hopkins, 1914-15; *Res. Pathol., P. B. B. H., Sept. 1, 1915-Oct. 1, 1917*;

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Asst. Prof. Pathol., Harv.; Fellow in Pathol., Cancer Comm., *ibid.*; Lieut. (j. g.) M. C., U. S. N. R. F.; *Act. Pathol., P. B. B. H., Feb. 1-Aug. 15, 1920*; Chief, Dept. of Pathol. and Bacteriol., Univ. of Philippines, 1922; Pathol., Phil. Gen. Hosp., Manila, 1922; Director, William H. Singer Mem. Research Lab., Pittsburgh, 1922-24; Scholarship, Gen. Education Board of the Rockefeller Found. Inst. for Gen. and Exp. Pathol., Vienna, 1924-25; Prof. of Pathol., Vanderbilt Univ.

GORDON, BURGESS

A.B., Gonzaga Univ., 1912; M.D., Jefferson Med. Coll., 1919; Interne, Jefferson Hosp., 1919-21; *Asst. Res. Phys., P. B. B. H., Sept. 15, 1921-Aug. 1, 1922*; *Res. Phys., ibid., Aug. 1, 1922-Sept. 1, 1925*; Assoc. in Med., Jefferson Med. College; Asst. Phys., O. P. D., Pennsylvania Hosp.; Med. Director and Phys. in charge, Dept. for Diseases of Chest, Jefferson Hosp., Philadelphia; in practice, Philadelphia, Pennsylvania.

GRAHAM, WILLIAM RANDOLPH

M.D., Med. Coll. of Va., 1925; Interne, Johnston-Willis Hosp., Richmond, Va., 1925-26; *Jr. Assoc. in Med., P. B. B. H., 1926-27*.

GRANT, SAMUEL BECKER

B.S., Washington Univ., 1918; M.D., *ibid.*, 1920; *Med. H. O., P. B. B. H., Oct. 16, 1920-March 1, 1922*; Med. H. O., J. H. H., March 1, 1922-May 1, 1922; *Asst. Res. Phys., P. B. B. H., April 15, 1922-Sept. 15, 1923*; Asst. in Clin. Med., Wash. Univ.; Asst. in Med., Barnes Hosp.; in practice, St. Louis, Missouri.

GRAVES, EDWIN G.

A.B., Univ. of Texas, 1920; M.D., Harv., 1924; *Med. H. O., P. B. B. H., July 1, 1924-July 1, 1925*; in practice, Houston, Texas.

GRAVES, ROGER COLGATE

A.B., Syracuse Univ., 1913; M.D., *ibid.*, 1918; *Surg. H. O., P. B. B. H., Aug. 15, 1918-Oct. 19, 1919*; Asst. Res. Surg., New Haven Hosp., New Haven, Connecticut, 1919-20; *Asst. Res. Surg., P. B. B. H., July 15, 1920-Aug. 1, 1921*; *Assoc. in Surg., ibid., Sept. 1, 1921-April, 1923*; Cabot Fellow, Harv., in charge of Lab. of Surg. Research, Sept. 1, 1921-Sept. 1, 1922; Urologist, Carney Hosp.; Genito-Urinary Surg., Pondville State Hosp. for Cancer; Assoc. Consult. Urologist, Brockton Hosp.; in practice, Boston.

GRAY, HORACE

A.B., Harv., 1909; M.D., *ibid.*, 1914; *Med. H. O., P. B. B. H., Nov. 1, 1914-March 1, 1916*; 1st Lieut., M. C., U. S. Army, 1917-19; Investigation in field of growth and diseases of metabolism and ductless glands, Inst. for Juv. Research, Chicago, Ill.

GREEN, GEORGE F.

B.S., Univ. of Mich., 1922; M.D., *ibid.*, 1924; Asst. in Physiol., *ibid.*; Asst. in Med., B. C. H., IV. Med. Serv.; *Jr. Assoc. in Pathol.,*

PETER BENT BRIGHAM HOSPITAL

P. B. B. H., Oct. 1, 1924-Jan. 15, 1925; Fellow in Surg., Mayo Foundation.

GREENE, JAMES A.

M.D., Harv., 1925; *Med. H. O.*, *P. B. B. H.*, Nov., 1925-March, 1926.

GREENE, THEODORE C.

A.B., Harv., 1920; M.D., *ibid.*, 1924; Asst. in Pathol., Johns Hopkins, Sept., 1924-Jan., 1925; *Surg. H. O.*, *P. B. B. H.*, March 1, 1925-July 1, 1926; Presbyterian Mission, Peking, China.

GREENSPON, EDWARD A.

M.D., McGill Univ., 1916; House Bacteriol., Royal Victoria Hosp., Montreal, 1916-17; Asst. Res. Pathol., Johns Hopkins, 1917-18; Capt., Canadian Army Med. Corps; *Res. Pathol.*, *P. B. B. H.*, Oct. 1, 1919-April 1, 1920; *Med. H. O.*, *ibid.*, April 1, 1920-July 1, 1921; May Fellow in Med. Research, Johns Hopkins; Asst. in Med., *ibid.*, 1921-23; Jr. Attend. Phys., Montreal Gen. Hosp.; in practice, Montreal, Canada.

GREY, ERNEST

A.B., Univ. of Wis., 1907; Asst. in Anat., *ibid.*, 1907-08; Stud. in Med., *ibid.*, 1907-08; M.D., Johns Hopkins, 1911; Res. H. O., *ibid.*, 1911-12; *Surg. H. O.*, *P. B. B. H.*, Nov. 1, 1912-Feb. 12, 1914; Asst. Res. Surg., *ibid.*, Feb. 12, 1914-Sept. 1, 1916; Asst. in Surg., Harv., 1915-16; Instr. in Surg., Johns Hopkins. Died Oct. 12, 1918.

HALE, WORTH

A.B., Univ. of Mich., 1908; M.D., *ibid.*, 1904; *Assoc. in Med.*, *P. B. B. H.*, Nov. 1, 1917-Dec. 31, 1918; Assoc. Prof. of Pharm. and Asst. Dean, Harv.

HALLER, DAVID ALEXANDER

A.B., Hampden-Sidney, 1908; M.D., Columbia, 1913; *Med. H. O.*, *P. B. B. H.*, Nov. 1, 1913-March 1, 1915; Asst. Res. Phys., *ibid.*, March 1, 1915-Oct. 1, 1916; Res. Phys., *ibid.*, Oct. 1, 1916-June 6, 1917; Major, M. C., U. S. Army, 1917-19; Junior Attend. Phys., Hahnemann Hosp., 1920-21; Internist for the Rochester Clinic, Rochester, New York, 1919-25; Asst. Phys., Rochester Gen. Hosp.; Phys. to Baden St. Disp., 1924-25; Instr. in Med., Univ. of Rochester Med. Sch.; Asst. Phys., Strong Mem. Hosp., Rochester, New York; Chief, Med. Serv., Rochester Gen. Hosp.; in practice, Rochester, New York.

HANSMANN, GEORGE H.

M.D., Univ. of Iowa, 1918; Hosp. Chem., Iowa Univ. Hosp., 1918-19; Clin. Asst., Dept. of Internal Med., *ibid.*, 1919-20; Lect. in Clin. Microscopy, *ibid.*, 1920-21; *Res. Pathol.*, *P. B. B. H.*, Sept. 15, 1921-Sept. 15, 1923; Pathol., Iowa Univ. Hosp.

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HARBIN, ROBERT MAXWELL

B.S., Univ. of Georgia, 1916; M.D., Harv., 1920; *Surg. H. O., P. B. B. H., Nov. 1, 1920-March 1, 1922*; H. O., Children's Hosp., 1922-23; Jr. Surg., Harbin Hosp., 1923-25; Assoc. in Orthopedic Surg., Lakeside Hosp.; Surg. in Charge, Rainbow Hosp.; Asst. Prof. Orthopedic Surg., Western Reserve Univ. School of Med.

HARRISON, TINSLEY RANDOLPH

A.B., Univ. of Mich., 1919; M.D., Johns Hopkins, 1922; *Med. H. O., P. B. B. H., Nov. 1, 1922-March 1, 1924*; *Asst. Res. Phys., ibid., March 1-Sept. 1, 1924*; Asst. in Med., Johns Hopkins; Res. Phys., Vanderbilt Univ. Hosp., Nashville, Tennessee; Instr. in Med., *ibid.*, 1926-27 (leave of absence, 1927-28); Asst. Prof. Med., *ibid.*

HARVEY, SAMUEL CLARK

Ph.B., Yale, 1907; M.D., *ibid.*, 1911; Alonzo Clark Fellow, Columbia, 1911-12; Instr. in Pathol., *ibid.*, 1912-13; Asst. Res. Phys., Loomis Sanitarium, Loomis, New York, 1913-14; *Surg. H. O., P. B. B. H., Nov. 1, 1914-Nov. 1, 1915*; Arthur Tracy Cabot Fellow, in charge of Lab. of Surg. Research, Harv., 1915-16; *Asst. Res. Surg., P. B. B. H., Nov. 1, 1916-May 7, 1917*; Major, M. C., U. S. Army, 1917-19; Res. Surg., New Haven Hosp.; Instr. in Surg., Yale, 1919-20; Asst. Prof. of Surg., *ibid.*, 1920-21; Assoc. Prof. of Surg., *ibid.*, 1921-23; Surgeon-in-Chief, New Haven Hosp. and New Haven Disp.; Prof. of Surg., Yale.

HATCH, FLOYD FROST

A.B., Univ. of Utah, 1912; M.D., Harv., 1914; *Med. H. O., P. B. B. H., March 1, 1914-Jan. 4, 1915* (granted leave of absence from Jan. 4-Feb. 28, 1915); Surg. House Pupil, M. G. H., 1915-16; House Surg., *ibid.*, 1916-17; Surg. to G. U. Dept., Salt Lake County Hosp., 1917-18; Surg. to G. U. Dept., L. D. S., Hosp., Salt Lake City, Utah; 1st Lieut., M. C., U. S. Army, 1918-19; Asst. County Phys., Salt Lake County Hosp., and Asst. Visit. Surg., *ibid.*, 1921-22; Surg., Inter-Mountain Clin.; in practice, Salt Lake City, Utah; Post-Grad. study of Surg., Europe, 1926-27.

H'DOUBLER, FRANCIS TODD

B.A., Univ. of Wis., 1907; M.A., *ibid.*, 1908; Ph.D., *ibid.*, 1910; Stud., Univ. of Wis. Med. Sch., 1 year; Stud., Rush Med. Sch. and Univ. of Philippines, 1 year; M.D., Harv., 1915; H. O., Augustana Hosp., Chicago, 1915-16; *Med. H. O., P. B. B. H., Jan. 11, 1916-March 1, 1917*; H. O., Augustana Hosp., 1917-18; 1st Lieut. and Capt., M. C., U. S. Army, 1918-19; Moseley Travelling Fellow, Harv., 1919-20; Lakeside Hosp., Cleveland, Ohio, 1921; Instr. in Pathol. and Surg., Univ. of Ill., 1921-24; Jr. Attend. Surg., Augustana Hosp., Chicago; in practice, Chicago; Attend. Surg., St. John's, Burge Deaconess, and Springfield Baptist Hospitals; Instr., Bacteriol., S. W. T. Coll., Springfield, Missouri; in practice, Springfield, Missouri.

PETER BENT BRIGHAM HOSPITAL

HEAD, JEROME R.

M.D., Harv., 1922; *Surg. H. O., P. B. B. H., July 1, 1922-Nov. 1, 1923*; Surg. Pathol., Mayo Clin., Rochester, Minnesota, 1924; Res. Surg., State of Wis. Gen. Hosp., Madison, 1924-26; Instr. in Surg., Univ. of Ill.; in practice, Chicago, Illinois.

HERRICK, THEODORE POMEROY

A.B., Yale, 1915; M.D., Harv., 1919; *Med. H. O., P. B. B. H., Dec. 26, 1918-Jan. 1, 1920*; Med. H. O., Children's Hosp., Boston, 1920; H. O., Infants' Hosp., Boston, 1921; Res. Pediatrician, Rainbow Hosp., 1921-24; Asst. Visit. Pediatrician, St. Luke's Hosp., Cleveland, 1922-23; Asst. Visit. Pediatrician, St. Vincent's Charity Hosp., Cleveland, Ohio; in practice, Cleveland, Ohio.

HERRMANN, GEORGE R.

B.S., Univ. of Mich., 1916; M.D., M.S., *ibid.*, 1918; Ph.D., *ibid.*, 1922; *Med. H. O., P. B. B. H., Oct. 1, 1918-Oct. 1, 1919*; Asst. Res. Phys., Barnes Hosp., 1919-20; Res. Phys., *ibid.*, and Asst. in Med., Wash. Univ., St. Louis, 1920-21; Instr. in Med., Univ. of Mich., and Asst. Prof. Med., *ibid.*, 1921-25; Asst. Prof. of Med., Tulane Univ., New Orleans, Louisiana; Assoc. Prof. of Med., *ibid.*

HERRMANN, LOUIS G.

A.B., Univ. of Mich., 1920; M.D., Wash. Univ. Med. Sch., 1924; Interne, Maryland Gen. Hosp., Baltimore, July 1, 1924-March 1, 1925; *Med. H. O., P. B. B. H., March 1, 1925-July 1, 1926*; Asst. Res. Surg., Lakeside Hosp., Cleveland, Ohio, 1926-27; Crile Research Fellow in Surg. and Director, Lab. of Surg. Research, Western Reserve Univ. and Lakeside Hosp.; Res. Surg., Lakeside Hosp.; Instr. in Surg., Western Reserve Univ.

HIGBEE, DANIEL RIGGS

A.B., Col. Coll., 1920; M.D., Harv., 1923; Med. H. O., M. G. H., March, 1924-Nov., 1925; *Surg. H. O., P. B. B. H., Nov. 1, 1925-March 1, 1927*.

HJORT, AXEL MAGNUS

A.B., Univ. of Ill., 1914; M.S., *ibid.*, 1915; Ph.D., Yale, 1918; M.D., Yale Univ. Med. Sch., 1921; *Med. H. O., P. B. B. H., July 1, 1921-Nov. 1, 1922*; Parke Davis & Co., Detroit, Michigan, 1923-26; Prof. Pharmacology, Dart. Med. Sch., Hanover, New Hampshire.

HODGSON, JOHN SPRAGUE

Ph.B., Brown, 1911; M.D., Harv., 1917; Surg. House Pupil, M. G. H., 1915-16; Res. Surg., *ibid.*, 1916; *Surg. H. O., P. B. B. H., Nov. 1, 1916-March 1, 1917*; Asst. Res. Surg., *ibid.*, March 1-June 22, 1917; 1st Lieut., M. C., U. S. Army, 1917-19; Typhus Work in Macedonia, 1919; Res. Surg., M. G. H., 1920; Surg., O. P. D.; Second in Neurol. Surg., M. G. H.

HOLMAN, EMILE

A.B., Stanford Univ., 1911; Univ. of Oxford, 1916; Med. Stud., Oxford Univ., Royal College of Surgeons, Edinburgh, Rotunda

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Hosp., Dublin, National Hosp., London, 1914-17; M.D., Johns Hopkins, 1918; Res. Med. Officer, Children's Hosp. Sch., 1918-19; Asst. Res. Surg., J. H. H., 1919-21; Res. Surg., *ibid.*, 1921-23; Instr. in Surg., J. H. M. S., 1920-23; *Asst. Res. Surg., P. B. B. H., July 15-Sept. 1, 1923; Res. Surg., ibid., Sept. 1, 1923-July 1, 1924*; Austin Teach. Fellow, Harv., 1923-24; Attend. Surg., Lakeside Hosp. and Asst. Prof. of Surg., Western Reserve Univ., Cleveland, Ohio, July, 1924-Dec., 1925; Assoc. Prof. Surg., Stanford Univ. Med. Sch., 1925-26; Attend. Surg., Stanford Univ. Hosp., San Francisco; Prof. of Surg., Exec. Head, Dept. of Surg., Stanford Univ. Med. School.

HOUSTON, JR., DAVID WALKER

A.B., Princeton, 1912; M.D., Harv., 1916; *Surg. H. O., P. B. B. H., July 1, 1916-Nov. 1, 1917; Asst. Res. Surg., ibid., Nov. 1, 1917-Feb. 8, 1918*; 1st Lieut., M. C., U. S. Army, 1918-19; Attend. Surg., Samaritan Hosp., Troy, New York; in practice, Troy, New York.

HOWARD, HERBERT BURR

A.B., Harv., 1881; M.D., *ibid.*, 1884; Asst. Phys., State Infirmary, Tewksbury, Massachusetts, 1884-85; in practice, Idaho Springs, Colorado, 1885-87; Asst. Phys., State Infirm., 1887-91; Supt., *ibid.*, 1891-97; Res. Phys., M. G. H., 1897-1908; *Supt., P. B. B. H., May 1, 1908-May 1, 1919 (retired—age limit)*; Mem., Mass. State Bd. of Insanity, 1898-1913 (Chairman, 1908-13); Pres., American Hosp. Assoc., 1909-10; Trustee, State Colony for the Insane, Gardner, Massachusetts. *Died March 6, 1923.*

HUDSON, RICHARD T.

B.S., Univ. of Louisville, 1920; M.D., *ibid.*, 1924; 1 year rotating internship, Louisville City Hosp.; Asst. Res. Surg., Louisville City Hosp.; *H. O., Roentgenology, P. B. B. H., Aug. 1-Oct. 12, 1926.*

HUMISTON, HOMER W.

B.S., Univ. of Ill., 1923; M.D., Harv., 1925; *Med. H. O., P. B. B. H., July 1, 1925-Nov. 1, 1926*; Fellow in Surg., Mayo Clin., Rochester, Minnesota.

HURWITZ, SAMUEL HAYMANN

A.B., Harv., 1907; A.M., *ibid.*, 1908; Special Stud., Univ. of Strassburg, Germany, 1909-10; Spec. Student, Inst. of Infectious Diseases, Berlin, Germany, summer of 1911; M.D., Johns Hopkins, 1912; Res. H. O., J. H. H., 1912-13; *Surg. H. O., P. B. B. H., Nov. 1, 1913-March 1, 1915*; Instr. in Research Med., Univ. of Calif., 1915-17; Asst. Clin. Prof. of Med., *ibid.*, 1917-26; Asst. Clin. Prof. of Med., Stanford Univ. Med. School.

JACK, EDWIN EVERETT

A.B., Harv., 1884; M.D., *ibid.*, 1887; *Act. Consult. Ophthalmologist, P. B. B. H.*; Consult. Ophthalmologist, Mass. Eye and Ear Infirm.; in practice, Boston.

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JACK, WILLIAM DAVID

A.B., Creighton, 1908; Grad. Stud., Univ. of Chicago, 1909-10; M.D., Johns Hopkins, 1914; *Surg. H. O., P. B. B. H., July 1, 1914-Nov. 1, 1915*; Capt. and Asst. Surg., 2nd Harv. Unit, B. E. F., France, 1915-16; Asst. Res. Urologist, J. H. H., 1916-17; Capt., M. C., U. S. Army and Consult. Urologist, A. E. F., 1917-19; Asst. Res. Surg., and Res. Urol., J. H. H., 1919-21; in practice, Chicago, Illinois.

JACKSON, HOWARD BURR

A.B., Harv., 1915; M.D., *ibid.*, 1919; *Med. H. O., P. B. B. H., March 15, 1919-April 1, 1920*; H. O., Surg. and Obstet. Services, Mass. Homœopathic Hosp., 1920; Asst. Phys. to Out-Patients, M. G. H.; Phys., Boston Dispensary; in practice, Jamaica Plain, Massachusetts.

JACOBSON, CONRAD

B.S., Beloit, 1900; Grad. Stud., 3 summer qrs., Univ. of Chicago; Asst. Prof. of Chem. and Bacteriol., Armour Inst. of Tech., 1903-05; Research Asst. in Pathol., Univ. of Chicago, 1907-08; M.D., Johns Hopkins, 1911; Asst. in Surg., Hunterian Lab., *ibid.*, 1911-12; *Asst. Res. Surg., P. B. B. H., Sept. 1, 1912-Sept. 1, 1915*; *Res. Surg., ibid., Sept. 1, 1915-July 1, 1920*; Asst. in Surg., Harv.; Assoc. Prof. of Surg., Univ. of Minn. Med. Sch., 1920-22; in practice, Seattle, Washington.

JACOBSON, VICTOR CLARENCE

B.S., Univ. of Wis., 1915; M.D., Harv., 1917; *Med. H. O., P. B. B. H., July 18, 1917-July 1, 1918*; 1st Lieut., M. C., U. S. Army, 1918; *Pathol. H. O., P. B. B. H., Jan. 1-July 1, 1919*; *Res. Pathol., ibid., July 1-Oct. 1, 1919*; Asst. Prof. of Pathol., Univ. of Wisconsin, 1919-20; *Res. Pathol., P. B. B. H., July 1, 1920-Sept. 1, 1921*; Instr. in Pathol., Harv., 1920-21; Pathol., Albany Hosp., and Child's Hosp.; Prof. of Pathol., Union Univ., Albany, New York.

JAMESON, CHARLES HAROLD

A.B., Harv., 1916; M.D., *ibid.*, 1919; *Surg. H. O., P. B. B. H., June 15, 1919-Nov. 1, 1920*; Free Hosp. for Women, Brookline, 1920-21; *Asst. Res. Surg., P. B. B. H., Feb. 14-June 15, 1921*; *Asst. Res. Surg., ibid., Sept. 15, 1921-June 21, 1922*; in practice, Rockland, Maine.

JANNEY, JAMES CRAIK

A.B., Harv., 1911; M.D., *ibid.*, 1915; *Surg. H. O., P. B. B. H., July 1, 1915-Nov. 1, 1916*; Capt., M. C., U. S. Army; H. O., Boston Lying-In Hosp., 1923; Fellow, Am. Coll. Surgs., 1926; First Asst. Obstetrician, Mass. Homeopathic Hosp.; Instr. in Gynæcology and Obstetrics, Boston Univ. Sch. of Med.; Obstetrician, Florence Crittendon Home; in practice, Boston.

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JOELSON, JAMES J.

M.D., Columbia, 1920; Surg. Interne, Presbyterian Hosp., New York, 1920-22; *Asst. Res. Surg., P. B. B. H., July 15, 1922-July 26, 1923*; Asst. Res. Surg., New Haven Hosp., and Instr. in Surg., Yale, 1923-24; Asst. Res. Surg. (G. U. Surg.) Lakeside Hosp., 1924-25; Demonstr. in G. U. Surg., Western Reserve Univ., Cleveland, Ohio, 1924-25; Instr. in G. U. Surg., *ibid.*, 1925-27; Clin. Instr., G. U. Surg., *ibid.*, 1927-28; Asst. G. U. Surg., Lakeside Hosp., 1926-28; Assoc. G. U. Surg., *ibid.*; Asst. Prof. G. U. Surg., Western Reserve Univ.

JONES, MERRITT LACOUNT

S.B., Univ. of Wis., 1912; M.D., Harv., 1915; *Surg. H. O., P. B. B. H., July 1, 1915-Nov. 1, 1916*; *Asst. Res. Surg., ibid., Nov. 1, 1916-March 1, 1917*; Capt., M. C., U. S. Army, 1917-19; in practice, Wausau, Wisconsin.

JONES, WILFRED GRANT

B.S., College of Wooster, Wooster, Ohio, 1921; M.D., Harv., 1924; *Med. H. O., P. B. B. H., May 15, 1924-March 1, 1925*; Missionary work, Miraj, India.

KAZANJIAN, VARAZTAD H.

D.M.D., Harv., 1905; M.D., *ibid.*, 1921; F.A.C.S., 1928; Mem. Harv. Unit, B. E. F., 1915-16; Surg. Specialist for Wounds of Jaws and Face, B. E. F., 1916-19; C. M. G.; *Dental Surg., P. B. B. H., Jan. 22, 1920-Dec., 1922*; Prof. of Clin. Oral Surg., Harv.; Visit. Surg., Oral and Plastic Surg., B. C. H.; Asst. Surg. in Oto-Laryngology, Mass. Eye and Ear Infirm.; Consult. Oral Surg., Camb. Hosp.; Mem. of Staff, Consult. Surgeons, Newport Hosp., Newport, Rhode Island; Attend. Specialist, U. S. P. H. S.; Asst. Laryngologist, Huntington Mem. Hosp.; Asst. Laryngologist, M. G. H.; Member of Staff, N. E. Deaconess Hosp.; Member, Consult. Staff, Beth Israel Hosp.; in practice, Boston.

KEBABJIAN, HRANT SETRAG

A.B., Anatolia Coll. (Armenia), 1913; M.D., Harv., 1918; Admitting Phys., Babies' Ward, Post Grad. Hosp., New York, 1918; *Surg. H. O., P. B. B. H., Nov. 15, 1918-March 1, 1920*; City Phys., Buffalo, New York, 1920-21; Director, Comm. on Hosps. in Cilicia, 1921-22; Asst. Res., Long Island Hosp., Boston Harbor, 1922-26; in practice, Boston.

KEEGAN, JOHN JAY

A.B., Univ. of Neb., 1912; A.M., *ibid.*, 1914; M.D., *ibid.*, 1915; Instr. in Anat., *ibid.*, 1915-17; *Pathol. H. O., P. B. B. H., June 15, 1917-Dec. 15, 1917*; Lieut., M. C., U. S. Navy, 1917-19; *Surg. H. O., P. B. B. H., Aug. 13, 1919-Nov. 1, 1920*; Asst. Prof. of Pathol., Univ. of Neb., 1920-23; Prof. Clin. Pathol., Director of Clinics, Sec. of the Faculty, *ibid.*, 1923; Neuro-surg., Univ. Hosp.; Dean, Coll. of Med., Univ. of Nebraska; in practice, Omaha, Nebraska.

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KEYSER, LINWOOD DICKENS

B.A., Virginia, 1914; M.D., Johns Hopkins, 1918; F.A.C.S., 1928; H. O., J. H. H., 1918-19; *Asst. Res. Surg., P. B. B. H., July 1-Nov. 1, 1919*; Res. Surg., New York Post Grad. Hosp., New York City, 1920; Fellow, Mayo Foundation, Rochester, Minnesota, 1920-23; M.S., Mayo Foundation; Univ. of Minn Grad. Sch. in Med., 1921; Attend. Surg. and Surg. Pathol., Roanoke Hosp., Roanoke, Va.

KING, DONALD STORRS

A.B., Oberlin, 1912; M.D., Harv., 1918; H. O., Orthopedic Serv., Children's Hosp.; 1st Lieut., M. C., U. S. Army, 1918-19; Med. H. O., M. G. H., 1919-21; *Assoc. in Pathol., P. B. B. H., May 24, 1921-May 24, 1922*; Fellow in Med., Harv., 1923; Asst. in Med., *ibid.*; Asst. in Med., M. G. H.; Asst. Phys. to Out-Patients, M. G. H.; Asst. Phys., Channing Home; Phys. to Nurses and Employees, New England Deaconess Hosp.; in practice, Boston.

KING, WILLIAM ROBERT

B.S., Univ. of Minn., 1913; M.D., Harv., 1917; *Med. H. O., P. B. B. H., July 1, 1917-Feb. 1, 1918*; *Asst. Res. Phys., ibid., Feb. 1-Oct. 24, 1918*; in practice, Minneapolis, Minnesota.

KINNEY, KENNETH K.

M.D., Univ. of Iowa, 1921; Surg. Interne, 1 year, Seattle Gen. Hosp.; private practice, 3 years; H. O., X-ray Dept., P. B. B. H., *Oct. 1, 1925-April 1, 1926*; *Asst. Res. Roent., April 1-Oct. 1, 1926*.

KINSMAN, JAMES MURRAY

B.A., Mt. Allison Univ., Sackville, N. B., 1918; M.D., C.M., McGill Univ., 1922; Pathol. Interne, Royal Victoria Hosp., 1922-23; Demonstr. in Pathol., McGill Univ., 1922-23; *Med. H. O., P. B. B. H., July 1, 1923-Nov. 1, 1924*; Asst. Res. Med., New Haven Hosp., New Haven, Connecticut; Phys., Med. Service, Louisville, Kentucky; Instr. in Med., Univ. of Louisville.

KIRKWOOD, ALLAN STEWART

M.D., Univ. and Bellevue Hosp. Med. Coll., New York, 1913; *Assoc. in Med., P. B. B. H., Nov. 1-Dec. 31, 1917*; Major, M. C., U. S. Army; Phys. to Tuberculosis Clin., O. P. D., Mountainside Hosp., Montclair, New Jersey; Visit. Neuro-Psychiatrist, *ibid.*; Visit. Phys., St. Vincent's Hosp., Montclair; in practice, Montclair, New Jersey.

KOEFOD, HILMAR OLAF

B.S., Beloit, 1911; M.D., Harv., 1916; Moseley Travelling Fellowship, *ibid.*, in Europe, summer of 1916; *Med. H. O., P. B. B. H., Nov. 1, 1916-Nov. 1, 1917*; 1st Lieut., M. C., U. S. Army, 1917-18; Chief of Clin. at Mem. Lab. and Clin., Santa Barbara, Cal.; Asst. in Med., Med. Sch., Univ. of Cal.; Asst. to Prof. H. C. Moffit in his private work; Chief of Med. Dept., Santa Barbara Clin.;

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Attend. Phys., Cottage Hosp., Santa Barbara, Cal.; in practice, Santa Barbara, California.

KOHN, LAWRENCE A.

A.B., Williams, 1914; work in Bacteriol. with Dr. Park, New York, 1914-17; work in Bacteriol. with army in France, 1917-19; 1st Lieut., San. Corps, 1918-19; M.D., Johns Hopkins, 1923; Med. Interne, *ibid.*; *Asst. Res. Phys., P. B. B. H., Sept. 15, 1924-Sept. 1, 1925*; Instr. in Med., Univ. of Rochester; Res. Phys., Strong Mem. Hosp., Rochester, New York, 1925-27; Instr. in Med., Univ. of Rochester; in practice, Rochester, New York.

KREUTZMANN, HENRY ADOLPH ROBERT

M.D., Univ. of Pa., 1916; *Surg. H. O., P. B. B. H., March 1, 1917-Feb. 4, 1918*; Lieut., M. C., U. S. Army; Urologist for N. W. P. R. R.; Chief Urol., Chinese Hosp., San Francisco; Instr. in Urol., Stanford Univ.; in practice, San Francisco, California.

LADD, WILLIAM SARGENT

B.S., Amherst, 1910; M.D., Columbia, 1915; *Med. H. O., P. B. B. H., Nov. 1, 1915-March 1, 1917*; Asst. Phys., Presbyterian Hosp., New York, and Instr. in Med., Columbia, 1918-19; 1st Lieut., M. C., U. S. Army; Asst. in Med., J. H. H., and Instr. in Med., Johns Hopkins, 1919-21; Instr. in Med., Columbia, 1921-24; Assoc. in Med., *ibid.*; Asst. Phys., Presbyterian Hosp., New York.

LAMSON, PAUL DUDLEY

A.B., Harv., 1905; M.D., *ibid.*, 1911; Med. House Pupil, M. G. H., 1909-10; Lect. Asst. in Pharm., Univ. of Wurzburg, Germany, 1912-13; Sheldon Travelling Fellow, Harv., 1911-13; *Asst. Res. Phys., P. B. B. H., Oct. 1, 1913-Oct. 15, 1914*; Asst. in Exp. Therapeutics, Johns Hopkins, 1914-15; Assoc. in Pharmacology, *ibid.*, 1916-20; Assoc. Prof. Pharmacology, *ibid.*, 1921-25; Prof. Pharmacology, Vanderbilt Univ. Sch. of Med.

LANMAN, THOMAS HINCKLEY

A.B., Harv., 1912; M.D., *ibid.*, 1916; *Assoc. in Urol., P. B. B. H., March 22, 1920-June 26, 1922*; Asst. Surg., Children's Hosp., Boston; in practice, Boston.

LEHMAN, EDWIN PARTRIDGE

A.B., Williams, 1910; M.D., Harv., 1914; *Surg. H. O., P. B. B. H., July 1, 1914-July 1, 1915*; Asst. Res. Surg., Barnes Hosp., St. Louis, Missouri, 1915-16; Asst. in Surg., Washington Univ., 1916-20; 1st Lieut., M. C., U. S. Army, 1917-19; Res. Surg., Barnes Hosp., St. Louis, 1919-20; Instr. in Surg., Instr., Asst. Prof. and Assoc. Prof. Clin. Surg., Washington Univ., 1920-28; Prof. of Surg. and Gyn. and Director, Surg. Dept., Univ. of Va.

LEWIS, EDWIN RAY

M.D., Boston Univ., 1901; Asst. Surg., Clinton Hosp., 1907; Asst. Supt., Mass. Homœopathic Hosp., 1909; Act. Supt., *ibid.*, 1916;

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Supt., Hahnemann Hosp., Rochester, New York, 1916; Supt., Flower Hosp., 1919-20; Capt., M. C., U. S. Army, 1918-19; *Second Asst. Supt., P. B. B. H., April 11, 1921-Oct. 1, 1923*; Supt., Easton Hosp., Easton, Pennsylvania, 1923-26; Supt., Burbank Hosp., Fitchburg.

LIEB, CLARENCE WILLIAM

A.B., Colorado, 1908; A.M., *ibid.*, 1909; M.D., Harv., 1914; *Pathol. H. O., P. B. B. H., April 1-June 6, 1914 (resigned)*; Med. Director, "The Glen Springs," Watkins, New York, 1914-17 (resigned); in practice, Gastro-enterology, New York.

LIEBMAN, CHARLES

Ph.B., Yale, 1917; M.D., Harv., 1921; X-ray Dept., Base Hosp., Camp Devens; X-ray Dept., Mass. Eye and Ear Inf.; X-ray Dept., New Haven Hosp.; *X-ray H. O., P. B. B. H., June 1, 1921-July 1, 1922*; Roentgenologist, Children's Hosp., Boston; Asst. Roent., Beth Israel Hosp., Boston.

LOCKE, JR., CHARLES EDWARD

A.B., M.S., Univ. of Cal., 1916; M.D., *ibid.*, 1919; S.D. (*en Chirurgie*), Univ. of Brussels, 1922; F.A.C.S., 1926; Med. and Surg. H. O., Univ. of Cal. Hosp., 12 mos.; *Asst. Res. Surg., P. B. B. H., June 15, 1920-June 1, 1921*; Asst. on Visit. Surg. Staff, Dr. Depage's Service, St. Pierre Hosp., Brussels; Asst. Etranger, Prof. Pierre Marie's Serv., Salpêtrière, Paris, 1921-22; Fellow, C.R.B., Educational Foundation, 1921-22; Asst. in Dept. of Surg., Univ. of Cal. Med. Sch.; Staff of University Hospital; Fellow, National Research Council, 1922-23; Full-time Instr. in Surg., Univ. of Cal.; Staff, Hooper Research Foundation, 1923-24; Neurol. Surg., Cleveland Clinic; Consult. Neurol. Surg., Charity Hosp., Lutheran Hosp., Woman's Hosp., and Glenville Hosp., Cleveland, Ohio.

LOURIA, HENRY WALTER

A.B., Columbia, 1916; M.D., *ibid.*, 1919; Surg. H. O., Presbyterian Hosp., New York, 1919-20; *Med. H. O., P. B. B. H., July 1, 1920-Oct. 1, 1921*; Stud., M. I. T., 1921; Med. Interne, J. H. H., 1921-22; Asst. Surg., Brooklyn Jewish Hosp.; Instr. in Surg., Coll. of Phys. and Surg.; Assoc. Surg., Brooklyn Jewish Hosp.; Asst. Surg., King's Co. Hosp.; Vol. Asst., Surg. Serv. of Prof. H. VonHaberer, Graz, Austria, Oct., 1927-Feb., 1928; in practice, Brooklyn, N. Y.

LUGER, ALFRED

M.D., Univ. of Vienna; Demonstr., Histological Inst., Univ. of Vienna, May, 1909-May, 1911; Klinik Neusser, Vienna, May, 1911-Sept., 1911; Director, Roentgen Lab., Klinik Neusser, Vienna, Sept., 1911-Dec., 1912; *Roentgenologist, P. B. B. H., Jan. 1, 1913-June 1, 1914* (granted leave of absence from June 1, 1914-Dec. 14, 1915; Asst. in Roentgenology and Asst. in Med., H. M. S., 1914-15; Austrian Army.

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LYLE, EVELINE BURTON

B.A., Mt. Holyoke Coll., 1906; M.D., Tufts Coll. Med. Sch., 1913; *Act. Assoc. in Med., P. B. B. H., Nov. 1-Dec. 31, 1917*; Visit. Phys. and Obstetrician, N. E. Hosp. for Women and Children; Med. Examiner for Winsor School, Milton Academy Girls' School, Brookline High School Girls, Boston University School of practical Arts, Penn. Mutual Life Insurance Co., John Hancock Life Ins. Co., United Life and Accident Insurance Co.; in practice, Boston.

LYNCH, JR., JAMES JOSEPH

B.S., Notre Dame Univ., 1915; M.D., Harv., 1919; H.O., Boston Lying-In Hosp., 1919; *Med. H. O., P. B. B. H., July 1, 1919-July 1, 1920*; H. O., Cambridge City Hosp., 1920-21; Jr. Visit. Obstetrician, St. Elizabeth's Hosp.; Jr. Asst. Surg., Boston Disp.; in practice, Boston.

LYON, DON DEE

S.B., Wash. Univ., 1914; M.D., Harv., 1920; H. O., Huntington Hosp., 1919-20; Interne, Bridgeport Hosp., 1920-21; *Surg. H. O., P. B. B. H., March 1, 1921-July 1, 1922*; Res. Phys., Blodgett Mem. Hosp., Grand Rapids, Mich.; Int. Med., Grand Rapids Clin., 1924-25; in practice, Bridgeport, Connecticut.

MACMILLAN, STUART FORBES

B.S., Union College, Schenectady, New York, 1920; M.D., Albany Med. College, 1925; Interne, Albany Hosp., 1925-26; *Pathol. H. O., P. B. B. H., July 1, 1926-July 1, 1927*; in practice, Schenectady, N. Y.

MALLORY, TRACY BURR

M.D., Harv., 1921; *Med. H. O., P. B. B. H., March 1, 1922-July 1, 1923*; Instr. in Bacteriol., Harv., 1924-26; Instr. in Path., *ibid.*; Pathol., M.G.H.

MANN, ALBERT HOWELL

M. D., Tulane Univ., 1926; *Med. H. O., P. B. B. H., July 1, 1926-Nov. 1, 1927*.

MARINUS, CARLETON J.

B.Sc., Syracuse, 1915; M.Sc., *ibid.*, 1917; M.D., Univ. of Mich., 1921; *Med. H. O., P. B. B. H., Nov. 1, 1921-March 1, 1923*; in practice, Detroit, Michigan.

MARKHAM, BLACKWELL

A.B., Univ. of N. C., 1917; M.A., *ibid.*, 1918; M.D., Harv., 1922; *Surg. H. O., P. B. B. H., July 1, 1922-Nov. 1, 1923*; Res. Surg., Fifth Ave. Hosp., 1923-24; in practice, Durham, North Carolina.

MARLOW, SEARLE BISSET

A.B., Harv., 1912; Stud., Harv., 1 year; M.D., Syracuse, 1916; *Pathol. H. O., P. B. B. H., July 1, 1916-June 11, 1917*; Capt., M. C., U. S. Army, 1918-19; House Surg., Herman Knapp Hosp., New

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York, 1920-21; Asst. Prof. of Ophthal., Syracuse Univ.; Ophthalmologist, Syracuse Free Disp., St. Joseph's Hosp., General Hosp., and Syracuse Mem. Hosp.; in practice, Syracuse, New York.

MARTIN, PAUL

S.B., Brussels, 1911; M.D., *ibid.*, 1920; Med. Interne, Hosp. St. Pierre, Brussels, 1919-20; Surg. Interne, New Haven Hosp., 1920-21; *Assoc. in Surg., P. B. B. H., Sept. 1, 1921-March 1, 1922; Asst. Res. Surg., ibid., March 1-Nov. 1, 1922; Asst. in Surg., Brussels Univ. Hosp.; in practice, Brussels, Belgium.*

MARVIN, FRANK WILLIAM

A.B., Harv., 1910; M.D., *ibid.*, 1914; House Pupil, M. G. H., 1914-15; *Surg. H. O., P. B. B. H., Nov. 1, 1915-March 1, 1916; in practice, Boston.*

MARVIN, HAROLD MYERS

A.B., Davidson Coll., 1914; M.D., Harv., 1918; *Med. H. O., P. B. B. H., Feb. 13, 1918-Feb. 9, 1919; Dist. Phys. with Near East Relief, Alexandropol, Armenia, 1919-20; Asst. in Med., Harv.; Asst. in Med., M. G. H., 1920-21; Instr. in Med., Yale, 1921-23; Asst. Prof. of Med., 1923-28; Fellow, John Simon Guggenheim Memorial Foundation, 1926-27 (in laboratory of Sir Thomas Lewis, Univ. of Coll. Hosp. Med. School, London); Asst. Prof. Clin. Med., Yale.*

MASON, B. HENRY

M.D., Bowdoin, 1907; Gen. Internship, Maine Gen. Hosp., 1907-08; Asst. Phys., State Asylum, Worcester, Aug., 1908-Nov., 1913; in practice, Portland, Maine, 1913-14; Asst. Phys., Worcester State Hosp., Feb., 1914-May, 1914; Asst. Supt., *ibid.*, May, 1914-June 18, 1918; Act. Supt., *ibid.*, June 18, 1918-April 1, 1921; Neuro-Psychiatrist, Advisory Board A and B, Worcester, Massachusetts, during draft; Asst. Director, Psychopathic Hosp., Ann Arbor, Michigan, April, 1921-Jan., 1923; Neuro-Psychiatrist, U. S. V. B.; Instr. in Psychiatry, Univ. of Mich. Med. School, 1921-23; *First Asst. Supt., P. B. B. H., Jan. 8, 1923-Dec. 1, 1927; Supt., Waterbury Hosp., Waterbury, Connecticut.*

MASSEE, JOSEPH C.

B.S., John B. Stetson Univ., 1922; M.D., Harv., 1925; *Med. H. O., P. B. B. H., Nov. 1, 1925-March 1, 1927.*

MCCANN, WILLIAM SHARP

A.B., Ohio State Univ., 1911; M.D., Cornell, 1915; Asst. Res. Phys., Gen. Mem. Hosp., New York, 1915; *Surg. H. O., P. B. B. H., Nov. 1, 1915-Nov. 1, 1916 (resigned); Arthur Tracy Cabot Fellow in charge of Lab. of Surg. Research, Harv.; Capt., M. C., U. S. Army; Instr. in Med., Cornell; Research Fellow, Russell Sage Inst. of Pathol.; Adjunct Visit. Phys., Bellevue Hosp., New York; Assoc. Phys., J. H. H., Baltimore, Md.; Assoc. in Med., Johns Hopkins; Assoc. Prof. Med., ibid.; Prof. of Med., Univ. of Rochester, Rochester, New York.*

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McCARTHY, PATRICK THOMAS

B.S., Univ. of Chicago, 1914; M.D., Rush Med. Coll., 1917; *Surg. H. O., P. B. B. H., Dec. 15, 1917-Oct. 1, 1918; Asst. Res. Surg., ibid., Oct. 1, 1918-Feb. 9, 1919*; Relief Comm., Near East, Armenia, 1919-20; Post Grad. Study in Europe, 1920; Surg., Western Montana Clin., Missoula, Montana; in practice, Missoula.

McCARTY, ELBA DENTON

M.D., Univ. of Mich., 1903; Interne, 2 years, St. Mary's Hosp., Saginaw, E. S., Mich.; Gen. Practice, Merrill, Mich., 1905-09; Priest River, Idaho, 1909-17; *Roentgenologist, P. B. B. H., July 1, 1918-Oct. 14, 1919*; in practice, Tacoma, Washington.

McCLURE, CHARLES WALTER

A.B., Ohio State Univ., 1906; M.D., Starling Med. Coll., Ohio, 1910; Med. H. O., St. Francis Hosp., Columbus, Ohio, 1910-11; Asst. in Clin. Med., Starling Med. Coll., 1911-12; Asst. in Med., Univ. of Iowa Med. Sch., 1912-15; Grad. Stud. in Med., Harv., 1915-16; *Asst. Res. Phys., P. B. B. H., July 1-Nov. 1, 1916*; Alumni Asst. in Med., Harv.; *Res. Phys., P. B. B. H., June 7-July 6, 1917*; Phys.-in-Chief, St. Luke's Hosp., South Bethlehem, Pa., 1917-18; Capt., M. C., U. S. Army, 1918; *Assoc. in Med., P. B. B. H., Feb. 13, 1919-Sept. 1, 1921*; Research Worker, Evans Mem. and Gastroenterologist to O. P. D., Mass. Homœopathic Hosp., Boston; in practice, Boston.

McKEAN, RICHARD M.

A.B., Univ. of Mich., 1916; M.D., *ibid.*, 1919; *Med. H. O., P. B. B. H., Dec. 15, 1919-March 1, 1921*; H. O., Infants' Hosp., Boston, 1921; Jr. Phys., Detroit Receiving Hosp., 1921-22; Assoc., *ibid.*; Instr. in Int. Med., Detroit Coll. of Med. and Surg.; Asst. Prof. of Med., *ibid.*; Attend. Phys. and Director of Metabolic Unit, Detroit Receiving Hosp.; Jr. Phys., Harper Hosp.; in practice, Detroit, Michigan.

McKENZIE, KENNETH G.

M.B., Toronto; M.D., *ibid.*, 1914; Interne, Toronto Gen. Hosp., 1914; Capt., Imp. Army M. C., 1914-19; Instr. in Anat., Univ. of Toronto, 1919 (on leave of absence to work with Dr. Cushing under the Mickle Fellowship of Toronto Univ.); *Asst. Res. Surg., P. B. B. H., Nov. 1, 1922-Nov. 1, 1923*; Surg. Staff, Toronto Gen. Hosp.; in practice, Toronto, Canada.

McQUESTEN, PHILIP

A.B., Dart., 1911; M.D., Harv., 1915; Stud., B. C. H. (Pathol. Lab.), 1915-16; *Surg. H. O., P. B. B. H., March 1, 1916-July 1, 1917; Asst. Res. Surg., ibid., July 1-Aug. 17, 1917*; in practice, Nashua, New Hampshire.

MILLET, JOHN ALFRED PARSONS

A.B., Harv., 1910; M.D., *ibid.*, 1914; *Med. H. O., P. B. B. H., Nov. 1, 1914-March 1, 1916*; Internist, New York State Inst. for the

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Study of Malignant Disease, Buffalo, 1916-19; Capt., M. C., U. S. Army, 1917-19; Asst. Attend. Phys., Buffalo Gen. Hosp.; Assoc. in Med., Buffalo Univ. Med. Sch., and Asst. to the Chiefs of Med. Div., Dept. of Hospitals and Dispensaries, Buffalo, New York, 1916-23; Phys., Austen Riggs Foundation, Stockbridge, Massachusetts.

MILLIKEN, SAMUEL GIBBS

M.D., Univ. of Texas, 1922; Sr. Instr. in Pathol., Univ. of Texas, 1922; *Surg. H. O., P. B. B. H., March 1, 1924-Feb. 1, 1925*; Asst. Prof. of Path., Univ. of Texas; Director of Laboratories, Baptist Hosp., Houston, Texas; in practice, Houston, Texas.

MONTGOMERY, JAMES BLAINE

A.B., Dart., 1911; M.D., Harv., 1915; *Surg. H. O., P. B. B. H., Nov. 1, 1915-March 1, 1917*; House Surg., Mass. Eye and Ear Infirmary, 1917; Grad., Army Med. Sch., 1917; 1st Lieut., M. C., U. S. Army; Major, Med. Corps, U. S. Army, Washington, D. C. *Deceased.*

MOORE, RICHMOND LAWRENCE

A.B., Univ. of Va., 1918; M.D., Harv., 1922; *Surg. H. O., P. B. B. H., Nov. 1, 1922-March 1, 1924*; *Asst. Res. Surg., ibid., July 1, 1924-July 1, 1925*; Asst. Res. Phys., Hosp. of the Rockefeller Inst., New York, July 1, 1925-Aug., 1927; Fellow in Surg., Columbia Univ., Presbyterian Hosp.

MORRIS, LAIRD M.

M.D., Univ. of Cal., 1916; *Asst. Res. Phys., P. B. B. H., April 15, 1920-Oct. 1, 1920*; Asst. in Med., Univ. of Cal. Med. Sch., 1921-22; Instr. in Med., *ibid.*, 1923; Instr. in Med., Stanford Med. School; in practice, San Francisco, California.

MORRIS, JR., SAMUEL LESLIE

B.S., Davidson (N. C.), 1911; M.D., Harv., 1916; *Surg. H. O., P. B. B. H., Nov. 1, 1916-Nov. 1, 1917*; 1st Lieut., M. C., U. S. Army; 1st Asst. House Surg., St. Louis Southwestern Hosp., 1919; Chief House Surg., *ibid.*; in practice, Atlanta, Georgia.

MORTON, JOHN JAMIESON

A.B., Amherst, 1907; M.D., Johns Hopkins, 1913; *Surg. H. O., P. B. B. H., March 1, 1913-July 1, 1914*; Fellow in Pathol., Rockefeller Inst., New York City, 1914-15; House Surgeon, M. G. H., 1915-16; Asst. Res. Phys., Rockefeller Inst. Hosp., New York, 1916-17; Major, M. C., U. S. Army, 1917-19; practice, Orthopedic Surg., Boston, Massachusetts; Grad. Asst., O. P. D., Children's Hosp., Boston, and Asst. Orthopedic Surg., *ibid.*, 1919-21; Asst. Prof. Surg., Yale, 1921-24; Prof. Surg., Rochester Univ. Sch. of Med. and Dentistry, Rochester, New York.

REGISTER OF FORMER MEMBERS OF THE STAFF

NELLANS, CHARLES T.

B.S., Univ. of Chicago, 1916; M.D., Rush Med. Coll., 1918; Mem. Res. Staff, Presbyterian Hosp., Chicago, 1918-19; *Med. H. O., P. B. B. H., Sept. 15, 1919-Nov. 1, 1920*; Asst. in Med., Yale, 1921; Instr. in Med., *ibid.*, and Res. Phys., New Haven Hosp., 1921-22; Instr. in Med., Emory Univ., and Asst. Visit. Phys., Wesley Mem. and Grady Hospitals, Atlanta, Georgia; Visit. Staff, Spelman Hosp., Spelman Coll.; Phys., U. S. Penitentiary, Atlanta, Georgia; in practice, Atlanta, Georgia.

NICHOLS, ALVORD G.

A.B., Colgate, 1916; M.D., Harv., 1921; Interne, Worcester City Hosp., 1921-23; Act. Asst. Supt., *ibid.*; *Second Asst. Supt., P. B. B. H., Sept. 17, 1923-June 1, 1924*; Asst. Med. Director, John Hancock Life Insurance Co., Boston. *Died May 18, 1926.*

NICHOLS, 3D, ANDREW

A.B., Harv., 1912; M.D., *ibid.*, 1916; Surg. H. O., B. C. H., 1916-17; Capt., M. C., U. S. Army, 1917-19; *Second Asst. Supt., P. B. B. H., July 1, 1919-Feb. 1, 1921*; in practice, Danvers, Massachusetts.

NOVY, ROBERT LEV

A.B., Univ. of Mich., 1913; M.S., *ibid.*, 1914; M.D., *ibid.*, 1919; *Med. H. O., P. B. B. H., April 15, 1919-April 1, 1920*; in practice, Detroit, Michigan.

O'CONOR, VINCENT JOHN

B.S., Univ. of Mich., 1915; M.D., Rush Med. Coll., 1917; *Surg. H. O., P. B. B. H., Jan. 1, 1917-Jan. 1, 1918*; House Surgeon, Presbyterian Hosp., Chicago, Ill., 1918; 1st Lieut., M. C., U. S. Army, 1918-19; *Asst. Res. Surg., P. B. B. H., Feb. 15, 1919-July 15, 1920*; Urol. Surg., Washington Boulevard Hosp.; Asst. Prof., G. U. Surg., Univ. of Ill., Sch. of Med.; Urol. Surg., Lutheran-Deaconess Hosp., Chicago; Urol. Surg., Garfield Park Hosp.; in practice, Chicago, Illinois.

O'MEARA, JOHN WILLIAM

A.B., Holy Cross, 1912; M.D., Harv., 1918; *Surg. H. O., P. B. B. H., Jan. 7, 1918-Jan. 7, 1919*; Orthopedic H. O., Children's Hosp., Boston, 1919; Comm. for Relief in Near East, in charge of Surg. Wards, American Hosp., Samsoun, Turkey-in-Asia, 1919-20; Orthopedic Surg., St. Vincent's Hosp., Worcester; Sr. Orth. Surg., Worcester City Hosp.; in practice, Worcester, Massachusetts.

OPPENHEIMER, ELLA

A.B., Bryn Mawr, 1914; M.D., Johns Hopkins, 1918; *Med. H. O., P. B. B. H., Sept. 1, 1918-June 11, 1919*; Phys. in Charge, Baby Summer Hosp. Camp, Washington, D. C., 1920; Examining Phys. (Girls), Juvenile Court, Washington, D. C., 1920-21; Asst. Visit. Phys., Children's Hosp.; Phys., National Training School for Girls;

PETER BENT BRIGHAM HOSPITAL

Research Asst., Federal Children's Bureau; Assoc. Pediatricist, Providence Hosp., Washington, D. C.; Director, Div. of Child Hygiene, Children's Bureau, U. S. Dept. of Labor.

ORMOND, ALEXANDER T.

A.B., Princeton, 1912; M.D., Johns Hopkins, 1919; *Surg. H. O., P. B. B. H., Nov. 1, 1919-March 1, 1921. Deceased.*

ORR, JR., LOUIS M.

B.S., Emory Coll., 1922; M.D., Atlanta Med. Coll., 1924; Jr. Intern, Grady Hosp., Atlanta, Ga., 1923-24; *Surg. H. O., P. B. B. H., July 1, 1924-Nov. 1, 1925*; Asst. Res. Surg., Lakeside Hosp., Cleveland; in practice, Orlando, Florida.

PARKER, JR., FREDERICK

A.B., Harv., 1913; M.D., *ibid.*, 1916; *Med. H. O., P. B. B. H., March 1-April 1, 1917.*

PARKINS, LEROY EDWARD

A.B., Simpson Coll., 1912; M.D., Harv., 1918; Asst. Res., Boston Consumptives' Hosp.; Asst. Res., So. Dept., B. C. H.; *Surg. H. O., P. B. B. H., Dec. 1, 1918-March 1, 1920*; private practice, Douglas, Wyo.; *Second Asst. Supt., P. B. B. H., Jan.-May, 1921*; *First Asst. Supt., ibid., May 1, 1921-Feb. 1, 1923*; Asst. in Diseases of the Chest, Boston Univ. Med. School; Examiner in Tuberculosis, Boston Health Dept.; in practice, Boston.

PEABODY, FRANCIS WELD

A.B., Harv., 1903; M.D., *ibid.*, 1907; House Pupil, M. G. H., 1907-08; Asst. Res. Phys., J. H. H., 1908-09; Fellow in Pathol., Johns Hopkins, 1909-10; Stud. of Chem., Univ. of Berlin, Germany, 1910; Asst. Res. Phys., Hosp. of Rockefeller Inst., 1911-12; Asst., Rockefeller Inst., 1911-12; *Res. Phys., P. B. B. H., Nov. 1, 1912-Sept. 1, 1915 (granted leave of absence March 1, 1914-Jan. 1, 1915, to serve as a member of the China Medical Commission of the Rockefeller Foundation)*; *Asst. Visit. Phys., P. B. B. H., Sept. 1-Dec. 9, 1915*; Alumni Asst. in Med., Harv., 1913-15; Asst. Prof. of Med., *ibid.*, 1915-19; Consult. Phys., Collis P. Huntington Mem. Hosp., Boston; *Phys., P. B. B. H., Dec. 9, 1915-Sept. 1921 (leave of absence Aug. 1, 1917-Feb. 1, 1918, to serve as a member of the American Red Cross Comm. to Roumania)*; Major, M. C., U. S. Army, 1918-19; Assoc. Prof. of Med., Harv., 1920-21; Prof. of Med., *ibid.*; Visit. Phys., B. C. H.; Director, Thorndike Lab., *ibid.*; Member, China Medical Board, Rockefeller Foundation; Member, Board of Scientific Directors, Rockefeller Inst.; *Consult. Phys., P. B. B. H. Died Oct. 13, 1927.*

PECK, EUGENE CURTIS

A.B., Harv., 1916; M.D., *ibid.*, 1919; *Med. H. O., P. B. B. H., July 1, 1919-July 1, 1920*; Instr. in Physiol. Chem., Tulane Univ., New Orleans, La.; Asst. in Pediatrics, Harv.; Prof. of Biochemistry

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and Physiol., St. John's Univ., Shanghai, China, 1922-25; H. O., Children's Med. Serv., M. G. H., 1925-26; Pediatrician, Lawrence and Mem. Assoc. Hosp., New London, Conn.; in practice, New London, Conn.

PENFIELD, WILDER GRAVES

Litt.B., Princeton, 1913; B.A., Oxford, 1916; M.A. and B.Sc., *ibid.*, 1920; M.D., Johns Hopkins, 1918; *Surg. H. O., P. B. B. H., Aug. 15, 1918-Sept. 20, 1919*; Beit Mem. Research Fellow, England; Assoc. Attend. Surg., Presbyterian Hosp., New York; Asst. Prof. of Surg., Columbia Univ.; Asst. Surg., Neurol. Inst. of New York; Attend. Neurol., Vanderbilt Clin.; Clin. Prof. Neurol. Surg., McGill Univ.; Surg. in charge Neurol. Surg., Royal Victoria Hosp.; Consult. Neurol. Surg., Montreal Gen. Hosp.; in practice, Montreal.

PETTIT, ROSWELL TALMADGE

S.B., Univ. of Chicago, 1908; M.D., Rush Med. Coll., 1913; *Med. H. O., P. B. B. H., March 1, 1914-July 1, 1915*; Asst. Med. Director, Ottawa Tuberculosis Colony, Ottawa, Ill.; Phys., Illinois Valley Hosp., Ottawa, Ill.; Capt., M. C., U. S. Army; in practice, Ottawa, Illinois.

PINKERTON, HENRY

S.B., M. I. T., 1918; M.D., Harv., 1924; *Pathol. H. O., P. B. B. H., July 1, 1924-July 1, 1925*; Res. Pathol., Children's Hosp., Boston, July, 1925-July, 1926; *Res. Pathol., P. B. B. H., Sept. 1, 1926-Sept. 1, 1927*.

POTTER, WILLIAM HENRY

A.B., Harv., 1878; D.M.D., *ibid.*, 1885; A.M., Hon., *ibid.*, 1927; Demonstr. in Operative Dentistry, Harv., 1887-88; Clin. Lecturer, *ibid.*, 1890-96; Lecturer, *ibid.*, 1896-1900; Asst. Prof., *ibid.*, 1900-04; Prof., Operative Dentistry, *ibid.*, 1904-1927; Prof. Emeritus, *ibid.*, 1927; Dental Surgeon, "Ambulance American Hospital" at Neuilly, France, 1914-15; 1st Lieut., Major, and Lieut. Col., Dental Corps, U. S. A., 1917-19, A. E. F.; Member, U. S. A. Base Hosp. No. 5, A. E. F.; Instr., Dental Dept., U. S. A. Sanitary School, Langres, 1918-19; *Consulting Dental Surg., P. B. B. H. Died July 27, 1928*.

POTTS, JR., WILLIAM HENRY

A.B., Univ. of Texas, 1922; M.D., Harv., 1926; *Med. H. O., P. B. B. H., March 1, 1926-July 1, 1927*.

PRICE, JAMES VALENTINE

A.B., Univ. of N. C., 1915; M.D., Johns Hopkins, 1919; *Surg. H. O., P. B. B. H., Oct 15, 1919-March 1, 1921*; Guggenheim Bros., La Paz, Bolivia, S. A.

QUINLAND, WILLIAM SAMUEL

B.S., M.D., Rosenwald Fellow in Pathol., Harv., Sept., 1919-April, 1921; *Asst. in Pathol., P. B. B. H., April 14, 1921-July 28, 1922*;

PETER BENT BRIGHAM HOSPITAL

Pathol., G. W. Hubbard and M. E. Hale Hospitals and Prof. of Pathol., Meharry Med. Coll., Nashville, Tennessee.

RAGSDALE, LUNEY VARNON

A.B., Univ. of Ala., 1917; M.D., Harv., 1924; *Second Asst. Supt., P. B. B. H., June 1-Dec. 15, 1924; Med. H. O., ibid., Dec. 15, 1924-March 1, 1926*; in practice, Birmingham, Alabama.

RAND, CARL WHEELER

A.B., Williams, 1908; A.M., *ibid.*, 1909; M.D., Johns Hopkins, 1912; Res. H. O., J. H. H., 1912-13; *Asst. Res. Surg., P. B. B. H., Oct. 1, 1913-Nov. 1, 1914*; House Surg., Mercy Hosp., Chicago, Ill., 1914-15; Lieut., M. C., U. S. Army; in practice, Los Angeles, California.

RAPPORT, DAVID

A.B., Harv., 1912; M.D., *ibid.*, 1916; Moseley Travelling Fellow, Harv., 1916-17; *Med. H. O., P. B. B. H., March 1-June 17, 1917*; Lieut., M. C., U. S. Army, 1917-19; Austin Teaching Fellow in Physiol., Harv., 1919-20; Instr. in Physiol., *ibid.*; Research Fellow in Physiology, Cornell Univ. Med. Coll., 1921-24; Sr. Instr. in Physiol., Western Reserve Univ. Med. Sch., 1924-26; Asst. Prof. Physiol., *ibid.*

READ, JAMES S.

B.A., Vanderbilt Univ., 1921; M.D., *ibid.*, 1924; Interne, Louisville City Hosp., 1924-26; *Asst. Res. Phys., P. B. B. H., July 1, 1926-July 1, 1927.*

REIFENSTEIN, BENEDICT W.

B.S., Syracuse, 1920; M.D., *ibid.*, 1922; Pathol. H. O., Hosp. of the Good Shepherd, Syracuse, N. Y.; *Pathol. H. O., P. B. B. H., July 1, 1922-July 1, 1923*; Med. H. O., New Haven Hosp., 1923-24; Asst. Phys., Syracuse Mem. Hosp.; in practice, Syracuse, New York.

REYNOLDS, LAWRENCE

A.B., Univ. of Ala., 1912; M.D., Johns Hopkins, 1916; Capt., M. C., U. S. Army, 1917-19; *Roentgenologist, P. B. B. H., Oct. 15, 1919-June 1, 1922*; Roentgenologist, Children's Hosp., Boston, 1922; Roentgenologist, Children's Free Hosp., Detroit, Mich.; Asst. Roentgenologist, Harper Hosp., Detroit; Assoc. Editor, Am. Journal of Roent.; in practice, Detroit, Mich.

RHEA, LAWRENCE JOSEPH

B.S., Univ. of Texas, 1901; M.D., Johns Hopkins, 1905; H. O. in Pathol., B. C. H., 1906-07; Second Asst. in Pathol., *ibid.*, 1907; First Asst. in Pathol., *ibid.*, 1907-08; Asst. Visit. Pathol., *ibid.*, 1908-09; Asst. in Pathol., Harv., 1908-09; Instr. in Pathol., *ibid.*, 1909-10; Asst. Pathol., B. C. H., 1909-10; Director of Pathol. Lab. and Pathol., Montreal Gen. Hosp., 1910-12; Lect. in Pathol., McGill Univ., 1910-11; Asst. Prof. of Pathol., *ibid.*, 1911-12; *Res. Pathol.*

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P. B. B. H., July 1, 1912-Oct. 1, 1913; Asst. Prof. of Pathol., Harv., 1912-13; Assoc. Prof. of Pathol., McGill Univ.; Major, Canadian Army Med. Corps; Pathol., Children's Hosp., Montreal; Pathol., Foundlings' Hosp., Montreal; Director, Pathol. Lab., Montreal Div. of Shriner's Hosp.; Director of Pathol. Lab., Montreal General Hosp.

RHOADS, CORNELIUS PACKARD

A.B., Bowdoin, 1920; M.D., Harv., 1924; *Surg. H. O.*, *P. B. B. H.*, July, 1924-May 18, 1925.

RICHARDSON, HENRY BARBER

A.B., Harv., 1910; M.D., *ibid.*, 1914; *Med. H. O.*, *P. B. B. H.*, March 1, 1915-July 1, 1916; Asst. in Med., Johns Hopkins; Asst. Disp. Phys., J. H. H.; First Lieut., M. C., U. S. Army, 1918-19; Instr. in Med., Columbia Univ., New York, and Asst. Adjunct Visit. Phys., Bellevue Hosp., New York, 1921; Instr. in Med., Cornell, and Research Fellow, Russel-Sage Inst. of Pathol., Bellevue Hosp., New York; Asst. Visit. Phys., Bellevue Hosp.; Asst. Prof. of Med., Cornell Univ. Med. Coll., New York.

RINGER, MICHAEL

B.S., Coll. of City of New York, 1915; M.D., Cornell, 1919; Instr. in Exper. Med., Yale, 1919-21; Instr. in Physiol., Cornell, 1921-23; *Med. H. O.*, *P. B. B. H.*, Nov. 1, 1923-Jan. 1, 1925; in practice, New York.

RIOCH, DAVID M.

B.A., Butler Coll., Indianapolis, 1920; M.D., Johns Hopkins, 1924; *Surg. H. O.*, *P. B. B. H.*, Nov. 1, 1924-March 1, 1926; *Asst. Res. Surg.*, *ibid.*, March-April, 1926; Asst. Med. Res., Strong Mem. Hosp., Rochester, N. Y., April 1, 1926-July 1, 1927; Instr. in Med., Univ. of Rochester Sch. of Med.

ROONEY, JAMES STEWART

Univ. of Calif., 1917-21; M.D., Harv., 1926; *Pathol. H. O.*, *P. B. B. H.*, Jan. 1-Oct. 1, 1926; Res. Pathol., Long Island Hosp., Oct. 1, 1926-June 1, 1927; Res. Phys., *ibid.*, 1927-28; Instr. in Pathol., Harv.; in practice, Boston.

ROSS, J. PATERSON

M.B., M.S., London; F.R.C.S., England; St. Bartholomew's Hosp., England; *Jr. Assoc. in Surg.*, *P. B. B. H.*, April 9, 1923-Sept. 14, 1923.

SAEGER, ERNEST TIRRILL

B.S., Dart., 1914; M.D., Harv., 1917; *Surg. H. O.*, *P. B. B. H.*, July 1, 1917-Aug. 1, 1918; Res., First Surg. Division, Bellevue Hosp., New York; in practice, Boston.

SCHLESINGER, MONROE J.

B.S., Coll. City of New York, 1912; Ph.D., Harv., 1920; M.D., *ibid.*, 1926; Asst., N. Y. H. D. Research Lab., 1912-14; Asst. Bacteriol.,

PETER BENT BRIGHAM HOSPITAL

West Penn. Hosp., Pittsburgh, 1914-17; Asst. in Preventive Med. and Hygiene, *ibid.*, 1917-20; Instr., *ibid.*, 1920-22; Asst. in Pathol., *ibid.*, 1922-23; Research Asst. in Pathol., *ibid.*, 1923-25; *H. O. Pathol., P. B. B. H., July 1, 1925-July 1, 1926*; Res. Pathol., Children's Hosp., Boston, 1926-27; Instr. in Pathol., Harv.; Pathol., Beth Israel Hosp., Boston.

SCHOLEFIELD, BERNARD GRAHAM

B.A., Oxford, 1921; M.A., B.M., B.C.H., *ibid.*, 1923; M.D., Oxford, 1927; F.R.C.S., England, 1928; Stud., St. Peter's College, Westminster, London, 1912-17; 2nd Lieut., Royal Engineers, 1917-19; Student, Guy's Hosp., London, 1922-23; House Surgeon. *ibid.*, 1924-25; Commonwealth Fund Fellow, Johns Hopkins Univ., 1925-26; *Asst. Res. Surg., P. B. B. H., Aug. 1, 1926-July 10, 1927*; Member of Staff, Guy's Hosp., London, England.

SCHUMACHER, IRWIN C.

A.B., Univ. of Cal., 1915; M.D., Johns Hopkins, 1919; *Asst. Res. Phys., P. B. B. H., Oct. 1, 1920-Sept. 1, 1921*; Asst. Prof. Med., Univ. of Cal.; in charge, Clin. Pathol. Dept., and Allergy Clin., Director of Clin. Labs., and Visit. Phys., Univ. of Cal. Hosp.; in practice, San Francisco, California.

SCHWARTZ, CHARLES WADSWORTH

Ph.B., Yale, 1914; M.D., Harv., 1919; *H. O., X-ray Dept., P. B. B. H., Feb. 20, 1919-Feb. 20, 1920*; Roentgenologist, New York Neurol. Inst.; in practice, New York.

SCOTT, W. J. MERLE

A.B., Oberlin, 1914; M.D., Johns Hopkins, 1918; A.M., Columbia Univ., 1922; First Lieut., M. C., U. S. Army, 1918-19; Asst. in Surg., Henry Ford Hosp., Detroit, Mich., 1918-21; Fellow in Exper. Pathol., Montefiore Hosp., 1921-22; Arthur Tracy Cabot Fellow, Harv., 1922-23; Asst. in Surg., *ibid.*, 1923; *Assoc. in Surg., P. B. B. H., Sept. 1, 1922-July 1, 1923*; *Asst. Res. Surg., ibid., July 1, 1923-July 1, 1924*; Res. Surg., Lakeside Hosp., and Instr. in Surg., Western Reserve Univ., Cleveland, Ohio, 1924-26; Asst. Prof. Surg., Univ. of Rochester, Rochester, New York, 1926-27; Assoc. Prof. Surg., *ibid.*

SHRADER, JOHN C.

B.S., Univ. of Iowa, 1920; M.D., *ibid.*, 1922; Med. Interne, Univ. Hosp., Iowa, 1922-23; Hosp. Chem., *ibid.*, 1923-24; *Asst. Res. Phys., P. B. B. H., July, 1924-Aug., 1926*; Chief Res., Emory Div., Grady Hospital, Atlanta, Georgia, 1926-27; in practice, Ft. Dodge, Iowa.

SIMON, HILDA AMANDA

M.D., Cooper, 1905; *Third Asst. Supt., P. B. B. H., Oct. 5, 1917-March 1, 1919*; Supt., Lynn Hosp., Lynn, Mass. (*resigned*).

SIMPSON, SUTHERLAND E. R.

A.B., Cornell, 1921; M.D., Harv., 1925; *Med. H. O., P. B. B. H., March 1, 1926-Aug. 1, 1926*.

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SISSON, WARREN RICHARDS

A.B., Colgate, 1906; Stud. of Med., Freiburg, Germany (summer semester), 1910; Stud., Univ. of Munchen (winter semester), 1910-11; Stud., Univ. of Heidelberg (summer semester), 1911; M.D., Johns Hopkins, 1912; House Pupil, M. G. H., Children's Med. Ward, 1912-13; *Med. H. O., P. B. B. H., March 1, 1913-March 1, 1914; Res. Pathol., ibid., March 1, 1914-April, 1915*; Instr. in Pathol., Harv., 1914-15; H. O., B. C. H., So. Dept., summer of 1915; Sr. H. O., Boston Floating Hosp., 1915; Instr. in Pediatrics, Johns Hopkins; Asst. in Pediatrics, Harv.; Visit. Phys., Boston Lying-In Hosp.; Asst. Phys., Children's Hosp.; in practice, Boston.

SMILLIE, WILSON GEORGE

A.B., Colorado, 1908; M.D., Harv., 1912; D.P.H., *ibid.*, 1916; *Med. H. O., P. B. B. H., Nov. 1, 1912-March 1, 1914; Asst. Res. Phys., ibid., March 1-Sept. 1, 1914*; Asst. Instr., Dept. of Preventive Med., Harv., 1914-16; Research Fellow, Rockefeller Inst., New York City, 1916-17; International Health Board of Rockefeller Foundation, 1917; loaned by the board as Asst. Prof. Hygiene de Faculdade de Medicina, Sao Paulo, Brazil, 1918-20; Director, Institute Hygiene; Prof. of Hygiene, Faculdade de Medicina e cirurgia, Sao Paulo, Brazil, 1920-22; Director of Training Base, International Health Board, Andalusia, Ala., 1922-25; Asst. Director for U. S., International Health Board, New York; Prof., Public Health Adm., Harv. School of Public Health.

SMITH, BARNEY BARR

M.D., Jefferson, 1917; H. O., Jewish Hosp., Philadelphia, Pa., 1917-18; First Lieut., M. C., U. S. Army, 1918-19; Asst., X-ray Dept., Lincoln and Beth Israel Hosp., New York City, 1920; *H. O., X-ray Dept., P. B. B. H., April 15, 1920-April 21, 1921*; Assoc. Roent., City Hosp., Buffalo, 1924-28; Instr. in Radiology, Univ. Buffalo Med. Sch.; Roent., Marine Hosp., Buffalo; in practice, Buffalo, New York.

SMITH, JUDSON ARTHUR

A.B., Harv., 1915; M.D., *ibid.*, 1918; *Med. H. O., P. B. B. H., Feb. 14, 1918-Jan. 30, 1919*; Surg. Serv., New Haven Hosp.; *Asst. Res. Surg., P. B. B. H., June 15, 1921-July 1, 1922*; H. O., Boston Lying-In Hosp., 1922-23; Res. Obstetrician, *ibid.*, 1923-24; in practice, Boston.

SMITH-PETERSEN, MARIUS NYGAARD

B.S., Univ. of Wis., 1910; Univ. of Wis. Med. Sch., 1910-12; M.D., Harv., 1914; *Surg. H. O., P. B. B. H., July 1, 1914-Nov. 1, 1915*; Res. Surg., Harv. Unit, Am. Ambulance Hosp., Paris, France, April-July, 1918; House Pupil, M. G. H. (Orthopedic Serv.), 1916; Visit. Orthopedic Surg., M. G. H.; in practice, Boston.

SOOY, DANIEL WARREN

M.D., Univ. of Cal., 1917; *Asst. Res. Surg., P. B. B. H., Sept. 1, 1921-July 1, 1922*; Instr. in Surg., Univ. of Cal. Med. Sch.; in practice, San Francisco.

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SPILLMAN, RAMSAY

A.B., Cornell, 1914; M.D., *ibid.*, 1917; *Surg. H. O., P. B. B. H.*, July 1, 1917-March 1, 1918; Columbia Hosp., Washington, D. C., 1918-19; Instr. in Roent., Cornell Med. Sch.; Visit. Roent., Beekman St. Hosp.; in practice (Roentgenology), New York City.

SPURLING, ROY G.

A.B., Univ. of Mo., 1920; A.M., *ibid.*, 1923; M.D., Harv., 1923; *Surg. H. O., P. B. B. H.*, Nov. 1, 1923-March 1, 1925; *Asst. Res. Surg.*, *ibid.*, March 1-Sept. 1, 1925; Res. Surg., Louisville City Hosp., Louisville, Ky.; Instr. in Surg., Univ. of Louisville Sch. of Med.

STATER, WAYNE J.

A.B., Univ. of Oregon, 1917; M.D., Harv., 1921; *Surg. H. O., P. B. B. H.*, March 1, 1922-July 1, 1923; in practice, Portland, Oregon.

STECHER, ROBERT M.

B.S., Dart., 1919; M.D., Harv., 1923; *Med. H. O., P. B. B. H.*, Nov. 1, 1924-Nov. 1, 1925; Research Asst. in Med., Cleveland City Hosp.

STELLAR, ROBERT W.

B.S., Occidental Coll., Cal., 1919; Univ. of Cal., 2 years; M.D., Harv., 1923; *Surg. H. O., P. B. B. H.*, Nov. 1, 1923-March 1, 1925; in practice, Wilmington, California.

STEVENS, FRANKLIN AUGUSTUS

B.S., Univ. of Iowa, 1913; M.D., *ibid.*, 1915; Res. Phys., Univ. Hosp., Iowa, 1915; Instr. in Med., Univ. of Iowa, 1916-17; *Asst. Res. Phys.*, *P. B. B. H.*, July 21, 1917-Jan. 1, 1918; M. C., U. S. Army, 1918-19; Coolidge Fellow in Med., Columbia Univ., New York, 1919-20; Instr. in Med., *ibid.*

STEVENS, WILLIAM B.

M.D., Harv., 1924; Asst. Res., Thorndike Lab., B. C. H., 1924-25; Interne, 4th Med. Service, *ibid.*, 1925-26; *Asst. Res. Phys.*, *P. B. B. H.*, Dec. 1, 1926-Aug. 22, 1927.

STEWART, STEELE FULLER

B.S., Westminster, Pa., 1912; M.D., Univ. of Pa., 1918; *Surg. H. O., P. B. B. H.*, June 1, 1918-July 1, 1919; Orthopedic Service, Children's Hosp., Boston, 1920; Orthopedic Service, M. G. H., 1921-22; Assoc. Orthopedic Surg., Children's Hosp., Los Angeles, 1922; Asst. Orthopedic Surg., *ibid.*; Jr. Orthopedic Surg., Los Angeles Gen. Hosp.; Orthopedic Surg., San Bernardino County Welfare Commission; Orthopedic Consultant, Nat. Home for Disabled Volunteer Soldiers, Sawtelle, Calif.; in practice, Los Angeles, Calif.

STIMSON, HORACE POTTLE

A.B., Amherst, 1918; M.D., Harv., 1922; *Surg. H. O., P. B. B. H.*, March 1, 1923-July 1, 1924; *Asst. Res. Surg.*, *ibid.*, Sept. 8-Dec. 12, 1924; Phys. of Fogg Museum Archæological Expedition to Mon-

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golia, 1925; in practice, Miami, Florida, 1926-28; Assoc. in Traumatic Surg., Clin. of Drs. Forrester, Lyman and Boyd, Chicago, Ill.

STODDARD, JAMES LEAVITT

A.B., Harv., 1910; M.D., *ibid.*, 1914; *Pathol. H. O., P. B. B. H.*, July 1, 1914-July 1, 1915; *Act. Res. Pathol., ibid.*, July 1-Sept. 1, 1915; Research Fellow in Pathol., Harv.; Major, M. C., U. S. Army, 1917-19; Lect. in Biochemistry, Smith Coll., 1920-21; Asst. Prof. Biochemistry, Smith Coll., 1921-22; Chemist, M. G. H.; Asst. in Med., Harv.

STONE, ERIC PERCY

B.S., Harv., 1914, as of 1915; M.D., *ibid.*, 1918; *Surg. H. O., P. B. B. H.*, May 15, 1918-July 1, 1919; *Asst. Res. Surg., ibid.*, Oct. 1, 1919-June 15, 1920; Surg. in Charge, Urol. Serv., Prov. City Hosp.; Asst. Surg., Gynæcological Serv., R. I. Hosp.; Surg., Urol. Serv., Memorial Hosp., Pawtucket, R. I.; Consult. Urol., Prov. Lying-In Hosp.; in practice, Providence, Rhode Island.

STONE, GEORGE HENRY

A.B., Bowdoin, 1905; M.D., *ibid.*, 1908; H. O., Maine Gen. Hosp., 1908-09; in practice, Clinton, Mass., 1909-11; H. O., B. C. H., 1912-13; Exec. Asst., *ibid.*, 1913-15; *Third Asst. Supt., P. B. B. H.*, Feb. 1, 1915-May 1, 1917; *Second Asst. Supt., ibid.*, May 1, 1917-July 1, 1919; Capt., M. C., U. S. Army, 1918-19; Major, Med. Sec., Officers' Reserve Corps, U. S. Army; *First Asst. Supt., P. B. B. H.*, July 1, 1919-May 1, 1921; Supt., Eastern Maine Gen. Hosp., Bangor, Maine.

STURGIS, CYRUS CRESSEY

B.S., Univ. of Wash., 1913; M.D., Johns Hopkins, 1917; *Med. H. O., P. B. B. H.*, Oct. 15, 1917-Aug. 22, 1918; 1st Lieut., M. C., U. S. Army, 1918-19; *Asst. Res. Phys., P. B. B. H.*, Aug. 25, 1919-April 15, 1920; *Res. Phys., ibid.*, April 15, 1920-Aug. 1, 1922; *Assoc. in Med., ibid.*, Aug. 1, 1922-Sept. 1, 1925; Fac. Instr. in Med., Harv., Sept. 1, 1922-Sept. 1, 1925; Asst. Prof. Med., *ibid.*, Sept. 1, 1925; Assoc. Phys., C. P. Huntington Hosp., Sept. 1, 1925-Jan. 1, 1926; *Physician, P. B. B. H.*, Sept. 1, 1925-July 1, 1927; Director, Thos. Henry Simpson Mem. Inst. for Med. Research; Prof. Int. Med., Univ. of Mich. Sch. of Med.; Director, Dept. of Int. Med., Univ. Hosp.

TAFT, ANNIE E.

M.D., Tufts, 1907; *Res. Pathol., P. B. B. H.*, Nov. 5, 1917-Jan. 31, 1918.

TAFT, ROGER BROWNE

D.M.D., Harv., 1908; Asst. in Oral. Surg., *ibid.*, 1910; Instr. in Oral. Surg., *ibid.*, Feb. 1, 1919; *Dental Surg., P. B. B. H.*, Jan. 13, 1916-Feb. 13, 1919; Instr. in Operative Dent., Harv.; in practice (Dentistry), Boston.

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TEEL, CHARLES E.

M.D., Washington Univ., 1923; Surg. Interne, New Haven Hosp., 1923-24; H. O., M. G. H., 1924-25; *Asst. Res. Surg., P. B. B. H., Nov. 1, 1925-June 22, 1926*; Asst. in Genito-Urinary Surg., Harv., 1925-26; in practice, Bellingham, Washington.

TEFFT, JR., RICHARD C.

A.B., Yale, 1916; M.D., Harv., 1920; *Med. H. O., P. B. B. H., March 1, 1921-July 1, 1922*.

TEMPLETON, EARL R.

B.S., Colgate Univ., 1914; M.D., Syracuse, 1920; *Pathol. H. O., P. B. B. H., July 6, 1920-July 1, 1921*; Med. H. O., New Haven Hosp., 1921-22; Res. in Med., Buffalo City Hosp., 1922; Clin. Asst. in Med., *ibid.*; in practice, Buffalo, New York.

THAXTER, LANGDON THOM

A.B., Williams, 1911; M.D., Harv., 1915; Med. House Pupil, M. G. H., 1915-16; *Surg. H. O., P. B. B. H., Nov. 14, 1916-July, 1917*; Res. Roent., M. G. H., 1926-27; Roentgenologist, Maine Gen. Hosp.

THOMPSON, CHARLES BAKER

A.B., Haverford, 1909; M.D., Johns Hopkins, 1913; *Med. H. O., P. B. B. H., Nov. 1, 1913-Nov. 1, 1914*; Second Asst. Res., Phipps Psychiatric Clin., J. H. H., 1914-15; First Asst. Res., *ibid.*, 1915-16; Examining Psychiatrist and Executive Secretary, Mental Hygiene Soc. of Md., 1916-27; Editor, Mental Health, 1923-26; School Psychiatrist, Baltimore Public Schools, 1922-27; Attend. Phys., Vanderbilt Clin., Psychiatric Dept.; Instr. in Psychiatry, College of Phys. and Surgs., New York.

TOWLERTON, FLETCHER JOHNSON

A.B., Harv., 1917; M.D., *ibid.*, 1921; H. O., Collis P. Huntington Mem. Hosp., 1919-20; *Surg. H. O., P. B. B. H., July 1, 1921-Nov. 1, 1922*; Phys., Wayne County Home, New York, 1923; Visit. Surg., Lyons Hosp., Lyons, New York; in practice, Lyons, New York.

TOWNE, EDWARD BANCROFT

A.B., Harv., 1906 (1907); M.D., *ibid.*, 1913; *Surg. H. O., P. B. B. H., July 1, 1913-Nov. 1, 1914*; *Asst. Res. Surg., ibid., Nov. 1, 1914-Nov. 1, 1915*; Surg., Second Harv. Unit, B. E. F., France, 1915-16; Vol. Asst. in Exp. Bacteriol., Mayo Foundation, Rochester, Minn., 1916; Fellow *pro tempore*, Mayo Foundation, 1916-17; *Asst. Res. Surg., P. B. B. H., Sept. 1, 1916-May 7, 1917*; Major, M. C., U. S. Army, May, 1917-19; Assoc. Clin. Prof. of Surg., Leland Stanford Junior Univ., San Francisco; in practice, San Francisco, California.

TRANTER, CHARLES LEE

B.S., Univ. of Cal., 1911; M.D., *ibid.*, 1913; Med. and Surg. H. O., Univ. of Cal. Hosp., 1913-14; Asst., Nerve O. P. D., *ibid.*, 1914-15;

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Asst. in Neurol., Univ. of Cal., 1915; *Asst. Res. Surg., P. B. B. H., Jan. 8, 1916-Jan. 1, 1917*; Asst. in Neurol., Univ. of Cal., 1917; Capt., M. C., U. S. Army; in practice, San Francisco, California.

TURNBULL, GEORGE CLARENCE

M.D., Northwestern Univ., 1922; H. O., Gen. Serv., Surg. and Obstetrics, Evanston Hosp., Evanston, Ill., 1922-23; Asst. in Pathol., Northwestern Univ., 1920-22; *Med. H. O., P. B. B. H., March 1, 1923-July 1, 1924*; Phys. (special), Yale, Dept. Univ. Health, New Haven, Conn., 1924-26; Clin. Asst., Dept. Int. Med., Yale Univ. Sch. of Med., 1924-26; Post-Grad. work in Medicine and Pathol., Vienna, Austria, 1926-27; Assoc. in Med., Northwestern Univ.; in practice, Evanston, Ill.

TURNER, RALPH WALDO

M.D., Albany Med. School, 1917; *Surg. H. O., P. B. B. H., Dec. 23, 1917-May 2, 1918*; Lieut., M. C., U. S. Army. (*Deceased.*)

VAIL, HARRIS HOLMES

A.B., Yale, 1912; M.D., Harv., 1917; *Surg. H. O., P. B. B. H., March 1, 1916-May 3, 1917*; Lieut., M. C., U. S. Navy, 1917-19; H. O., Aural, Mass. Eye and Ear Infirm., 1920-21; Clinician, Ear, Nose and Throat Clin., Cincinnati Gen. Hosp.; Attend. Laryngologist, Cincinnati Gen. Hosp.; Attend. Laryngologist, Cincinnati Tuberculosis Sanatorium; Asst. Attend. Laryngologist, Episcopal Hosp. for Children, Cincinnati; Asst. in Otolaryngology, Med. Coll. of Univ. of Cincinnati; in practice, Cincinnati, Ohio.

VAN GORDER, GEORGE WILSON

A.B., Williams, 1911; M.D., Harv., 1915; *Surg. H. O., P. B. B. H., March 1, 1915-July 1, 1916*; House Surg., St. Anthony Hosp., Labrador, 1916; Med. House Pupil, M. G. H., 1916-17; House Surg., Free Hosp. for Women, Brookline; Capt., M. C., U. S. Army; Assoc. Prof. Surg. and Assoc. in Surg., Peking Union Med. Coll., Peking, China.

VAN WAGENEN, WILLIAM P.

M.D., Harv., 1922; *Surg. H. O., P. B. B. H., Nov. 1, 1922-March 1, 1924*; *Asst. Res. Surg., ibid., Oct. 1, 1924-Nov. 1, 1925.*

VASTINE, JACOB H.

M.D., Univ. of Pa., 1923; Interne, Easton Hosp., Easton, Pa., 1923-24; Gen. Practice, 1 year; *H. O., X-ray Dept., P. B. B. H., Aug. 1, 1925-Feb. 1, 1926*; *Asst. Res. in Roent., ibid., Feb. 1-June 15, 1926*; Lecturer in Roent., Woman's Med. Coll., Philadelphia; Roentgenologist, Hosp. of the Woman's Med. Coll.; in practice, Philadelphia, Pennsylvania.

VAUGHAN, WARREN TAYLOR

A.B., Univ. of Mich., 1913; M.D., *ibid.*, 1916; *Med. H. O., P. B. B. H., July 1, 1916-Nov. 7, 1917*; M. C., U. S. Army. Nov. 7, 1917-July 27, 1919; Asst. in Preventive Med. and Hygiene, Harv., 1919-

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20; Attend. Phys., St. Elizabeth's Hosp., Richmond, Va., 1920-22; Lt. Col., M. O. R. C., C. O. Genl. Hosp., 41; Staff, Retreat Hosp.; Pres., 1924-25; Consult. Phys., Evangeline Booth Hosp.; Consult. Phys., Children's Home Society of Virginia; Consult. Phys., Farmville Comm. Hosp., Farmville, Va.; Secretary, Am. Assoc. for the Study of Allergy; Editor, Journ. Lab. and Clin. Med.; in practice, Richmond, Va.

VICKERS, DENVER M.

A.B., Colorado Coll., 1917; M.D., Harv., 1921; *Surg. H. O., P. B. B. H., July, 1921-Nov. 1, 1922*; Surg., Mary McLellan Hosp., Cambridge, New York.

VIETS, HENRY ROUSE

B.S., Dart., 1912; M.D., Harv., 1916; *Surg. H. O., P. B. B. H., March 1-Aug. 16, 1917*; Capt., M. C., U. S. Army, 1917-19; Major, M. R. C., U. S. Army; Asst. in Neurol., M. G. H.; Asst. Visit. Neurol., Long Island Hosp., Boston; Instr. in Neurol., Harv.; in practice, Boston.

WAKEMAN, EDWARD T.

B.A., Yale, 1919; M.D., *ibid.*, 1922; *Med. H. O., P. B. B. H., July 1, 1922-Nov. 1, 1923*; in practice, New Haven, Connecticut.

WALKER, CLIFFORD BLACK

S.B., Univ. of Cal., 1906; Stud., Univ. of Cal. Med. Sch., 1907-10; M.D., Johns Hopkins, 1911; M.D., *ibid.*, 1912; Asst. to Dr. Cushing, 1911-12; Sr. Ophthal. House Surg., Mass. Eye and Ear Infirm., Boston, 1913; Sr. Aural House Surg., *ibid.*, 1914; *Assoc. in Surg., P. B. B. H., March 1, 1915-April 25, 1918*; Asst. in Ophthal., Harv., 1916-18; in practice, Los Angeles, California.

WALKER, WILLIAM G.

M.D., Univ. of Iowa; 3 months Pathol. Dept., *ibid.*; 1 year Interne, Univ. of Iowa Hosp.; 1 year Clin. Asst., *ibid.*; 2½ months Clin. Microscopy, *ibid.*; *Jr. Assoc. in Med., P. B. B. H., Sept. 25, 1922-July 1, 1924*; Chief, Med. Serv., Brockton Hosp.; in practice, Brockton, Massachusetts.

WARREN, JR., WILLIAM CHESTER

B.S., Emory Univ.; M.D., *ibid.*; *Surg. H. O., P. B. B. H., March 28, 1922-July 1, 1923*; Asst. and House Surg., Manhattan Ear, Nose and Throat Hosp., New York, 1923-24; Grad. Stud., Vienna, Austria; Assoc. Instr., O. R. L. Serv., Emory Univ.; in practice, Atlanta, Georgia.

WATKINS, S. SHELTON

A.B., Center Coll. of Ky., 1908; A.M., *ibid.*, 1909; M.D., Johns Hopkins, 1914; Med. and Surg. H. O., Church Home and Infirm., Baltimore, 1914; *Third Asst. Supt., P. B. B. H., May 1, 1914-Jan. 15, 1915*; Asst. in Clin. Laryngology, Johns Hopkins; Asst. Disp.

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Laryngologist, J. H. H.; Asst. Res. Surg., *ibid.*; Mem. of Dr. L. F. Barker's Staff at 1035 No. Calvert St., Baltimore, Md.; Lieut., M. C., U. S. Navy, 1917-19; in practice, Louisville, Kentucky.

WEARN, JOSEPH TRELOAR

B.S., Davidson, 1913; M.D., Harv., 1917; *Med. H. O.*, *P. B. B. H.*, June 15, 1917-June 15, 1918; 1st Lieut., M. C., U. S. Army, 1917-19; *Asst. Res. Phys.*, *P. B. B. H.*, Sept. 1, 1919-Aug. 15, 1921; Instr. in Pharm., Univ. of Penn., 1921-23; Instr. in Med., Harv., 1923-24; Asst. Prof. of Med., *ibid.*; Asst. Phys., Thorndike Lab., B. C. H.; Jr. Visit. Phys., *ibid.*; Assoc. Prof. Med., Harv.; Assoc. Director, Thorndike Lab., B. C. H.; Visit. Phys., B. C. H., 1928-29; Prof. of Med., Western Reserve Univ., Cleveland, Ohio; Director of Med., Lakeside Hosp.

WEGEFARTH, PAUL

A.B., Johns Hopkins, 1908; Stud. of Med., Strassburg and Berlin, Germany, 1909-11; M.D., Johns Hopkins, 1912; *Surg. H. O.*, *P. B. B. H.*, Nov. 1, 1912-March 1, 1914; Res. Phys., Church Home Infirmary, Baltimore, 1914-15; Phys., San Diego, Cal., 1914-17; Commissioned 1st Lieut., M. C., Sept., 1917; on duty at Camp Meade, Sept.-Dec., 1917; on duty at Army Neuro-Surg. Lab., Baltimore, Dec., 1917-April, 1919; with temporary duty at Camp Jackson and Camp Lee, 1918-19; commissioned Capt. M. C., May, 1918; discharged May, 1919; from Letterman Gen. Hosp., San Francisco, Cal.; in practice at San Diego, May, 1919, until December, 1921; developed tuberculosis; in sanatorium at Phoenix, Arizona, and Colorado Springs, Colorado. *Died March 29, 1923.*

WEISMAN, PAUL GERHARDT

B.S., Univ. of Mich., 1911; M.D., *ibid.*, 1913; H. O., Providence City Hosp. (Contagious Wards), 1914; H. O., R. I. Hosp., 1914-16; *Asst. Res. Phys.*, *P. B. B. H.*, April 1-Aug. 1, 1916; Asst. Res., Union Prot. Infirm., Baltimore, 1917; Res., *ibid.*, 1917-18; Lieut., M. C., U. S. Army, 1918; in practice, Colfax, Washington.

WELBOURN, MARSHALL AGNEW

B.S., Univ. of Mich., 1913; M.D., *ibid.*, 1915; *Assoc. in Med.*, *P. B. B. H.*, July 1, 1915-March 1, 1916; *Med. H. O.*, *ibid.*, March 1, 1916-July 1, 1917; Capt., M. C., U. S. Army, 1917-19; Instr. in Int. Med., Univ. of Mich., 1919-20; in charge of laboratories, Westlake Hosp., Los Angeles, Cal.; Med. Staff, Selwyn Emmet Graves Mem. Disp., Univ. of Calif.; Attend. Staff, California Lutheran Hosp.; in practice, Los Angeles, California.

WELLS, GUY

Ph.B., Brown Univ., 1916; M.D., Cornell, 1920; Interne, R. I. Hosp., 1920-22; *Asst. Res. Phys.*, *P. B. B. H.*, Aug. 1, 1922-March 1, 1924; in practice, Providence, Rhode Island.

PETER BENT BRIGHAM HOSPITAL

WELLS, WARD STANLEY

S.B., Grinnell, 1909; M.D., Harv., 1916; *Assoc. in Med.*, *P. B. B. H.*, July 1, 1916-April 8, 1917; *Med. H. O.*, *ibid.*, April 8-July 18, 1917; Major, M. C., U. S. Army, Letterman Gen. Hosp., Presidio of San Francisco, Calif; Instr. in Clin. Electro-Cardiography, Army Med. Center, Washington, D. C.

WENTWORTH, JOHN ALEXANDER

A.B., Bowdoin, 1909; M.D., Harv., 1913; H. O., Hartford Hosp., Hartford, Conn., 1913-15; *Sr. Med. H. O.*, *P. B. B. H.*, July 1-Nov. 1, 1915; Alumni Asst., Clin. Pathol., Harv.; Asst., Harv. Infantile Paralysis Comm., Fall, 1916; *Asst. Res. Phys.*, *P. B. B. H.*, Nov. 1, 1915-Aug. 1, 1917; *Assoc. Phys.*, Clifton Springs Sanitarium, New York, 1917-18; 1st Lieut., M. C., U. S. Army, 1918-19; *Phys.*, Clifton Springs Sanitarium, New York, 1919-21; *Asst. Phys.*, Hartford Hosp.; in practice, Hartford, Connecticut.

WEST, HOWARD FRANK

A.B., Stanford, 1912; M.D., *ibid.*, 1915; *Interne*, Lane Hosp., San Francisco, 1915-17; *Asst. Res. Phys.*, *P. B. B. H.*, Sept. 15-Oct. 15, 1917; *Act. Res. Phys.*, *ibid.*, Oct. 15, 1917-Jan. 1, 1918; *Res. Phys.*, *ibid.*, Jan. 1, 1918-April 15, 1920; Alumni Asst. in Med., Harv., 1918-20; *Assoc. Phys.*, Diabetic Serv., Children's Hosp., Los Angeles; *Assoc. Med. Director*, Los Angeles Metabolic Clin.; Staff, St. Vincent Hosp., Los Angeles; *Attend. Staff*, Hosp. of Good Samaritan; in practice, Los Angeles, California.

WHEELER, DANIEL W.

S.B., Knox Coll., 1915; M.D., Rush Med. Coll., 1920; *Asst. Res. Surg.*, *P. B. B. H.*, June 1, 1921-March 1, 1922; Fellow in Pathol., Rush Med. Coll., 1920-21; Fellow, Trudeau Foundation, 1922; *Asst. Res. Phys.*, Trudeau Sanatorium, 1923; *Asst. Med. Director*, Nopeming Sanatorium, Nopeming, Minn., 1924; in practice, Duluth, Minnesota.

WHITAKER, LESTER R.

M.D., Harv., 1923; *Surg. H. O.*, New Haven Hosp., 1923-24; *Assoc. in Surg.*, *P. B. B. H.*, July 11, 1924-Sept. 1, 1925; Arthur Tracy Cabot Fellow, Harv., 1924-25; *Asst. Res. Surg.*, *P. B. B. H.*, Sept. 1, 1925-July 1, 1927; Nat. Research Council Fellow in Surg., Univ. of Rochester Sch. of Medicine and Dentistry, 1927-28; Second Asst. Visit. Surg., Mass. Homeo. Hosp.; Asst. in Anat., Boston Univ. Sch. of Med.; *Assoc. Member*, Evans Mem. for Clin. Research and Prev. Med.; in practice, Boston.

WHITING, WALTER BELKNAP

Two years pre-med. work, Wash. and Lee Univ., and Cornell Summer Sch.; M.D., Harv., 1923; *Med. H. O.*, *P. B. B. H.*, July 1, 1923-Nov. 1, 1924; *Asst. Res. Phys.*, *ibid.*, Nov. 1, 1924-July 1, 1925; *Phys.*, Wichita Clin. Hosp.; in practice, Wichita Falls, Texas.

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WHITNEY, RAYMOND CYRUS

B.S., Middlebury, 1914; M.D., Harv., 1918; *Surg. H. O., P. B. B. H., Jan. 10-Oct. 28, 1918*; American Relief Comm., Near East, Caesarea, Turkey-in-Asia, American Hosp.; H. O., Mass. Eye and Ear Infirm., 1920-22; Ophthalmologist, St. Luke's Hosp., New Bedford; in practice (Ophthalmology), New Bedford, Massachusetts.

WILENS, GUSTAV

Ph.B., Yale, 1920; M.D., *ibid.*, 1923; *Pathol. H. O., P. B. B. H., July 1, 1923-July 1, 1924*; Res. Pathol., Children's Hosp., Boston; Instr. in Pathol., Harv., 1924-25; H. O. in Pediatrics, Children's Hosp., Boston, 1926-27; Director of Laboratories, Truesdale Hosp., Fall River, Mass.; Asst. Pediatrician, *ibid.*, Jan.-Sept., 1927; in practice, Utica, New York.

WILMAERS, ALBERT

M.D., Univ. of Brussels, 1921; Interne, Hospitals of Brussels; 3 months as Asst. to Prof. Vaquez, Paris; worked under Dr. DeMoor and Dr. DeMeyer; Physiol. Inst., Univ. of Brussels; Fellow, C.R.B., Educational Foundation; *Act. Asst. Res. Phys., P. B. B. H., Sept. 15-Nov. 15, 1923*; Asst. in General Path., Univ. of Brussels; in practice, Brussels, Belgium.

WILSON, CHARLES P.

A.B., Reed Coll., Portland, Oregon, 1920; M.D., Johns Hopkins, 1924; *Med. H. O., P. B. B. H., March 1, 1925-July 1, 1926*; Asst. Res. Phys., Vanderbilt Univ., Nashville, Tenn., 1926-27; Res. Phys., *ibid.*, 1927-28; in practice, Portland, Oregon.

WILSON, DAVID COLE

B.A., Univ. of Va., 1912; M.D., *ibid.*, 1919; Interne, Univ. of Va. Hosp., 1919; *Med. H. O., P. B. B. H., Dec. 15, 1919-March 1, 1921*; Phys., Clifton Springs San., Clifton Springs, New York.

WILSON, JAMES ROBERT

M.D., Syracuse Univ., 1921; Instr., *ibid.*; Asst. in Pathol., Harv.; Res. Pathol., Children's Hosp., Boston; Instr., Dept. Pathol., Harv.; *Res. Pathol., P. B. B. H., Sept. 15, 1923-July 1, 1924*; Assoc. in Pediatrics, Cornell Med. School, New York; Asst. Attend. Pediatricist, Out-Patient Dept., New York Nursery and Child's Hosp., New York; Pathologist, *ibid.*; Asst. Attend. Pediatricist, Pediatric Serv. of Dr. Schloss.

WILSON, RICHARD B.

B.S., Emory Univ., 1920; M.D., *ibid.*, 1922; H. O. Boston Psycho. Hosp., 1922-23; *Med. H. O., P. B. B. H., March 1, 1924-July 1, 1925*; Post-Grad. work at Inst. for Brain Anatomy, Amsterdam, Holland, 1925-26; Post-Grad. work in Neuro-Pathol., Hamburg, Freidrichsburg, Germany, 1926-27.

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WISLOCKI, GEORGE BERNAYS

A.B., Washington Univ.; M.D., Johns Hopkins, 1916; Asst. in Anat., *ibid.*, 1916-17; Arthur Tracy Cabot Fellow, Harvard, 1916-17; and 1919-20; *Assoc. in Surg., P. B. B. H., March 25-Oct. 1, 1920*; Assoc. Prof. of Anat., Johns Hopkins, Baltimore, Maryland.

WOOD, R. HUGH

M.D., Med. Coll. of Va., 1921; Interne, St. Elizabeth's Hosp., Richmond, Va., 1922; Res. Pathol., Mem. Hosp., Richmond, Va., 1922-23; *Med. H. O., P. B. B. H., March 1, 1923-July 1, 1924*; Chief Res., Grady Hosp., Atlanta, Ga., 1924-26; in practice, Atlanta, Georgia.

WOOD, RUSSELL

A.B., Harv., 1916; M.D., *ibid.*, 1920; *Med. H. O., P. B. B. H., March 1, 1921-July 1, 1922*; Grad. Asst. in Med., M. G. H., 1922; H.O., So. Dept., B. C. H., 1922-23; Asst. Visit. Phys., St. Luke's Hosp., New Bedford, Mass.; in practice, New Bedford, Massachusetts.

WOODS, ALAN CHURCHILL

A.B., Johns Hopkins, 1910; M.D., *ibid.*, 1914; *Med. H. O., P. B. B. H., July 1, 1914-Nov. 1, 1915*; Fellow and Assoc. in Exper. Med. and Asst. in Ophthal., Univ. of Pa.; Major, M. C., U. S. Army, 1917-19; Assoc. Prof. Clin. Ophthal., Johns Hopkins; Visit. Ophthal., *ibid.*; in practice (Ophthalmology), Baltimore, Md.

WOODWARD, HARRY WHITING

A.B., Bowdoin, 1910; M.D., Harv., 1915; *Surg. H. O., P. B. B. H., March 1, 1915-July 1, 1916*; H. O., Boston Lying-In Hosp., 1916; Capt., Royal Army Med. Corps; Visit. Staff, Surg. Services, Glockner Hosp. and Sanatorium, Bethel Hosp., Colorado Springs, Colorado; in practice, Colorado Springs.

WRIGHT, MARY

A.B., Vassar, 1911; M.D., Johns Hopkins, 1917; *Med. H. O., P. B. B. H., July 1, 1917-Sept. 17, 1918*; H. O. (Pediatrics), M. G. H., 1918-19; H. O., St. Louis Children's Hosp., 1919; Asst. Res., St. Louis Children's Hosp., 1919-20; Phys. to Children's Med. O. P. D., M. G. H.; Attend. Phys., N. E. Hosp. for Women and Children; in practice, Boston. *Died, Jan. 13, 1927.*

WULFFAERT, FRANZ RENE

B.A., Brussels, 1906; B.S., *ibid.*, 1907; M.D., *ibid.*, 1912; Asst. Phys., St. John's Hosp., Brussels, 1913; Res. Anesthetist, St. Mary's Hosp., London, Eng., 1915; *Pathol. H. O., P. B. B. H., Jan. 15-July 1, 1918*; *Res. Pathol., ibid., July 1, 1918-March 31, 1919*; Asst. in Pathol., Harv., 1918-19; Asst. Surg. (Gynecology), St. John's Hosp., Brussels, 1919-23; Asst. Surg., Univ. Brussels, 1923-25; in practice, Brussels, Belgium.

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WYNN, JAMES

B.S., Indiana Univ., 1917; M.D., *ibid.*, 1919; M.D., *cum laude, ibid.*, 1920; *Asst. Res. Phys., P. B. B. H., July 1, 1920-Oct. 4, 1921*; Alternate on Visit. Staff, Indianapolis City Hosp., Indianapolis; Research Fellow, Indiana Univ. Med. Sch.

YOAKAM, WAYNE ADDISON

B.S., Denison Univ., 1916; M.D., Harv., 1920; *Surg. H. O., P. B. B. H., July 1, 1920-Nov. 1, 1921*; Obst. H. O. Boston Lying-In Hosp., 1921-22; Henry Ford Hosp., 1922-25; Assoc. Attend. Obstetrician, Providence Hosp. and Herman Keifer Hosp.; in practice, Detroit, Michigan.

Officers of the Institution, 1929

President

CHARLES P. CURTIS

Treasurer

EDMUND D. CODMAN

Secretary

LAURENCE H. H. JOHNSON

MEMBERS OF THE CORPORATION

Appointed

Jan. 5, 1921	*WILLIAM AMORY	.....179 Commonwealth Ave.	Boston
Mar. 26, 1925	HARRY L. BAILEY	..... 93 Franklin St.,	Boston
May 8, 1902	EDMUND D. CODMAN	..... 27 Kilby St.,	Boston
Apr. 15, 1915	CHARLES P. CURTIS	..... 71 Ames Building,	Boston
Mar. 26, 1925	PAUL E. FITZPATRICK	..... 104 Kingston St.,	Boston
June 16, 1909	†IRVIN McD. GARFIELD	..... 30 State St.,	Boston
Feb. 7, 1918	FRANCIS L. HIGGINSON	.... 70 Federal St.,	Boston
May 8, 1902	HENRY S. HOWE	..... 53 State St.,	Boston
May 8, 1902	LAURENCE H. H. JOHNSON	27 Kilby St.,	Boston
Mar. 27, 1924	RICHARD S. RUSSELL	..... 50 State St.,	Boston
May 8, 1902	WILLIAM R. TRASK	..... 10 State St.,	Boston

STANDING COMMITTEES OF THE CORPORATION

Building Committee

WILLIAM AMORY, *Chairman*
CHARLES P. CURTIS
LAURENCE H. H. JOHNSON
HARRY L. BAILEY
JOSEPH B. HOWLAND, M.D., *Secretary*

Auditing Committee

WILLIAM R. TRASK

* Appointed by the Governor of the Commonwealth under an act approved May 8, 1909. Commission expires May 1, 1930.

† Appointed by the Governor of the Commonwealth under an act approved May 8, 1909. Commission expires May 1, 1933.

OFFICERS OF THE INSTITUTION

Committee on Finances

HENRY S. HOWE
EDMUND D. CODMAN
LAURENCE H. H. JOHNSON
RICHARD S. RUSSELL

Committee on Nominations

CHARLES P. CURTIS
EDMUND D. CODMAN

Committee on Rules

CHARLES P. CURTIS
EDMUND D. CODMAN
IRVIN MCD. GARFIELD

VISITING COMMITTEE FOR 1928

CHARLES P. CURTIS	January
PAUL E. FITZPATRICK	February
HENRY S. HOWE	March
WILLIAM R. TRASK	April
LAURENCE H. H. JOHNSON	May
LOUIS A. FROTHINGHAM	June
EDMUND D. CODMAN	July
FRANCIS L. HIGGINSON	August
IRVIN MCD. GARFIELD	September
HARRY L. BAILEY	October
WILLIAM AMORY	November
RICHARD S. RUSSELL	December

VISITING COMMITTEE FOR 1929

CHARLES P. CURTIS	January
PAUL E. FITZPATRICK	February
HENRY S. HOWE	March
WILLIAM R. TRASK	April
LAURENCE H. H. JOHNSON	May
FRANCIS L. HIGGINSON	June
EDMUND D. CODMAN	July
CHARLES P. CURTIS	August
IRVIN MCD. GARFIELD	September
HARRY L. BAILEY	October
WILLIAM AMORY	November
RICHARD S. RUSSELL	December

MEDICAL ADVISER TO CORPORATION

Appointed

PETER BENT BRIGHAM HOSPITAL

EXECUTIVE COMMITTEE OF THE STAFF

HENRY A. CHRISTIAN, M.D.
HARVEY CUSHING, M.D.
S. BURT WOLBACH, M.D.
JOSEPH B. HOWLAND, M.D., *Secretary*

ADMINISTRATIVE DEPARTMENT

Superintendent

Service began

May 1, 1919 JOSEPH B. HOWLAND, M.D.

Assistant Superintendents

Dec. 15, 1924 LESLIE H. WRIGHT, M.D.

Jan. 15, 1928 CHARLES L. CLAY, M.D.

Executive Assistant

May 14, 1927 HELEN GOODWIN, R.N.

BOARD OF CONSULTATION

Appointed

Mar. 25, 1912 WALTER B. CANNON, M.D., *Consulting Physiologist*

Mar. 25, 1912 OTTO FOLIN, Ph.D., *Consulting Chemist*

Mar. 8, 1928 GEORGE R. MINOT, *Consulting Physician*

Apr. 12, 1923 HANS ZINSSER, M.D., *Consulting Bacteriologist*

MEDICAL DEPARTMENT

Service began

May 1, 1912 HENRY A. CHRISTIAN, M.D., *Physician-in-Chief*

July 1, 1912 CHANNING FROTHINGHAM, M.D., *Physician*

Sept. 1, 1922 REGINALD FITZ, M.D., *Physician*

July 1, 1928 CLIFFORD L. DERICK, M.D., *Physician*

July 1, 1915 JAMES P. O'HARE, M.D., *Senior Associate in Medicine*

Aug. 8, 1919 SAMUEL A. LEVINE, M.D., *Senior Associate in Medicine*

May 24, 1928 JOSEPH C. AUB, M.D., *Senior Associate in Medicine*

Dec. 12, 1912 NATHANIEL K. WOOD, M.D., *Associate in Medicine*

July 1, 1915 GEORGE P. DENNY, M.D., *Associate in Medicine*

Sept. 1, 1915 I. CHANDLER WALKER, M.D., *Associate in Medicine*

Sept. 12, 1919 DONALD J. MACPHERSON, M.D., *Associate in Medicine*

Apr. 14, 1921 FRANCIS C. HALL, M.D., *Associate in Medicine*

Apr. 13, 1922 HOWARD F. ROOT, M.D., *Associate in Medicine*

Nov. 12, 1925 GUSTAVE P. GRABFIELD, M.D., *Associate in Medicine*

May 10, 1926 WILLIAM P. MURPHY, M.D., *Associate in Medicine*

May 10, 1926 EDWARD S. EMERY, JR., M.D., *Associate in Medicine*

Sept. 1, 1926 ROBERT T. MONROE, M.D., *Junior Associate in Medicine*

OFFICERS OF THE INSTITUTION

Nov. 1, 1927	LYMAN H. HOYT, M.D., <i>Junior Associate in Medicine</i>
Aug. 22, 1928	ESLEY J. KIRK, M.D., <i>Junior Associate in Medicine</i>
Sept. 1, 1928	WILLIAM C. EGLOFF, M.D., <i>Junior Associate in Medicine</i>
Sept. 1, 1928	W. CARTER SMITH, M.D., <i>Junior Associate in Medicine</i>
Nov. 1, 1928	GREENE S. FITZHUGH, M.D., <i>Junior Associate in Medicine</i>
Jan. 24, 1929	HARRY H. BLOTNER, M.D., <i>Junior Associate in Medicine</i>
Sept. 1, 1927	HOWARD L. ALT, M.D., <i>Resident Physician</i>
July 1, 1927	M. HERBERT BARKER, M.D., <i>Assistant Resident Physician</i>
Sept. 1, 1927	MARSHALL N. FULTON, M.D., <i>Assistant Resident Physician</i>
Aug. 20, 1928	ARTHUR D. NICHOL, M.D., <i>Assistant Resident Physician</i>
Sept. 1, 1928	WILLIAM R. KENNEDY, M.D., <i>Assistant Resident Physician</i>
Sept. 1, 1928	GEORGE D. WALKER, M.D., <i>Assistant Resident Physician</i>

SURGICAL DEPARTMENT

Service began

Sept. 1, 1912	HARVEY CUSHING, M.D., <i>Surgeon-in-Chief</i>
May 1, 1912	JOHN HOMANS, M.D., <i>Surgeon</i>
Oct. 1, 1912	DAVID CHEEVER, M.D., <i>Surgeon</i>
June 19, 1916	WILLIAM C. QUINBY, M.D., <i>Urological Surgeon</i>
Oct. 9, 1919	GILBERT HORRAX, M.D., <i>Senior Associate in Neurological Surgery</i>
June 15, 1924	FRANCIS C. NEWTON, M.D., <i>Senior Associate in Surgery</i>
June 12, 1924	LYMAN G. RICHARDS, M.D., <i>Associate in Otolaryngology</i>
Nov. 17, 1914	HILBERT F. DAY, M.D., <i>Associate in Surgery</i>
Mar. 8, 1928	LOUISE EISENHARDT, M.D., <i>Junior Associate in Surgery</i>
Oct. 1, 1928	HARLAN F. NEWTON, M.D., <i>Junior Associate in Surgery</i>
Nov. 1, 1928	RICHARD C. BUCKLEY, M.D., <i>Junior Associate in Surgery</i>
Oct. 15, 1928	JOHN H. POWERS, M.D., <i>Resident Surgeon</i>
Sept. 15, 1927	ARTHUR J. MCLEAN, M.D., <i>Assistant Resident Surgeon</i>
July 1, 1928	JOHN E. SCARFF, M.D., <i>Assistant Resident Surgeon</i>
July 15, 1928	J. ANDREW BOWEN, M.D., <i>Assistant Resident Surgeon</i>
Sept. 1, 1928	JAMES L. MAUPIN, M.D., <i>Assistant Resident Surgeon</i>
Oct. 1, 1928	WOLDEMAR F. SCHREIBER, M.D., <i>Assistant Resident Surgeon</i>

PETER BENT BRIGHAM HOSPITAL

PATHOLOGICAL DEPARTMENT

Service began

Dec. 1, 1916 S. BURT WOLBACH, M.D., *Pathologist*
Sept. 1, 1927 GRANVILLE A. BENNETT, M.D., *Resident Pathologist*

ROENTGENOLOGICAL DEPARTMENT

Service began

May 15, 1922 MERRILL C. SOSMAN, M.D., *Roentgenologist*
July 6, 1928 CORNELIUS G. DYKE, M.D., *Assistant Resident Roentgenologist*
Jan. 12, 1928 EDWARD C. VOGT, M.D., *Associate in Roentgenology*

DENTAL SURGEON

Service began

Nov. 7, 1922 HAROLD A. KENT, M.D.

MEDICAL HOUSE OFFICERS

Service began

Service ended

Nov. 1, 1926	HARRISON D. HUGGINS, M.D.....	Mar. 1, 1928
Nov. 1, 1926	MATTHEW C. RIDDLE, M.D.....	Mar. 1, 1928
July 1, 1927	WILLIAM H. LEWIS, JR., M.D. ...	Mar. 1, 1928
Mar. 1, 1927	HENRY L. SCHMITZ, M.D.	July 1, 1928
Mar. 1, 1927	GEORGE BOOTH, M.D.	July 1, 1928
July 1, 1927	TYREE C. WYATT, M.D.,	July 1, 1928
July 1, 1927	ARTHUR C. TAYLOR, M.D.	Nov. 1, 1928
July 1, 1927	GREENE S. FITZHUGH, M.D.	Nov. 1, 1928
July 1, 1927	FRANK W. MARLOW, JR., M.D.	Nov. 1, 1928

Service will end

Nov. 1, 1927	JOHN M. FLYNN, M.D.,	Mar. 1, 1929
Nov. 1, 1927	OLIVER J. MENARD, M.D.	Mar. 1, 1929
Nov. 1, 1927	GEORGE H. HOUCK, M.D.	Mar. 1, 1929
Mar. 1, 1928	HARRY A. DEROW	July 1, 1929
Mar. 1, 1928	DANIEL V. TROPOLI	July 1, 1929
Mar. 1, 1928	THOMAS H. McEACHERN	July 1, 1929
July 1, 1928	WILLIAM D. STRAYHORN, JR., M.D.	Nov. 1, 1929
July 1, 1928	FRIEDRICH ENGELBACH, M.D.....	Nov. 1, 1929
July 1, 1928	DAVID L. HALBERSLEBEN, M.D.....	Nov. 1, 1929
Nov. 1, 1928	HARRY B. FRIEDGOOD, M.D.....	Mar. 1, 1930
Nov. 1, 1928	GEORGE E. SHAMBAUGH, JR., M.D.	Mar. 1, 1930
Nov. 1, 1928	THOMAS A. C. RENNIE, M.D.....	Mar. 1, 1930
Mar. 1, 1929	RICHARD G. HAHN, M.D.....	July 1, 1930
Mar. 1, 1929	WILLIAM G. HARRISON, JR., M.D...	July 1, 1930
Mar. 1, 1929	THEODORE G. KLUMP, M.D.....	July 1, 1930

SURGICAL HOUSE OFFICERS

Service began

Service ended

Nov. 1, 1926	L. CAMERON HAIGHT, M.D.....	Mar. 1, 1928
Nov. 1, 1926	TRYGVE GUNDERSON, M.D.....	Mar. 1, 1928
Mar. 1, 1927	JOHN E. SCARFF, M.D.	July 1, 1928

OFFICERS OF THE INSTITUTION

<i>Service began</i>		<i>Service ended</i>
Mar. 1, 1927	WILLIAM P. FARBER, M.D.	July 1, 1928
July 1, 1927	COBB PILCHER, M.D.	Nov. 1, 1928
July 1, 1927	RICHARD C. BUCKLEY, M.D.	Nov. 1, 1928
		<i>Service will end</i>
Oct. 1, 1927	ALFRED C. ORMOND, JR., M.D.	Feb. 1, 1929
Oct. 1, 1927	JAMES L. SAGEBIEL, M.D.	Feb. 1, 1929
Jan. 1, 1928	ERIC OLDBERG, M.D.	May 1, 1929
Jan. 1, 1928	ROBERT ZOLLINGER, M.D.....	May 1, 1929
Apr. 1, 1928	GEORGE C. CRUMP, M.D.	Aug. 1, 1929
Apr. 1, 1928	RICHARD H. MEAGHER, M.D.	Aug. 1, 1929
July 1, 1928	WILLIAM G. CRUTCHFIELD, M.D....	Nov. 1, 1929
July 1, 1928	ROBERT M. HARBIN, JR., M.D.....	Nov. 1, 1929
Oct. 1, 1928	WALTER W. BOYD, M.D.....	Feb. 1, 1930
Oct. 1, 1928	ROBERT B. BRIGHAM, M.D.....	Feb. 1, 1930
Jan. 1, 1929	FRANK N. GLENN, M.D.....	May 1, 1930
Jan. 1, 1929	H. WALTON COCHRAN, M.D.....	May 1, 1930
Apr. 1, 1929	RICHARD W. FARNSWORTH, M.D...	Aug. 1, 1930
Apr. 1, 1929	THOMAS I. HOEN, M.D.....	Aug. 1, 1930

PATHOLOGICAL HOUSE OFFICERS

July 1, 1928	J. MOTT RAWLINGS, M.D.
Jan. 1, 1929	ARTHUR C. TAYLOR, M.D.

HOUSE OFFICER IN ROENTGENOLOGICAL DEPARTMENT

SCHOOL OF NURSING

Superintendent of Nurses and Principal of the School of Nursing

Service began

July 1, 1912 CARRIE M. HALL, R.N.

Assistant Superintendent of Nurses

June 1, 1928 MARY C. GILMORE, R.N.

Instructor in Theory

Jan. 17, 1928 KATHERINE BELL, B.S., R.N.

Instructor in Practice

Sept. 1, 1928 CECILE E. AUTHIER, R.N.

Instructor in Operating Room Technique

Jan. 8, 1927 OLIVE M. PARKS, R.N.

PETER BENT BRIGHAM HOSPITAL

Supervisors

Sept. 16, 1927 ANNE PAINE WASHBURN, A.B., R.N.
Aug. 6, 1928 GERTRUDE M. GERRARD, R.N.
Oct. 13, 1927 RACHEL TOWNSEND ADAMS, R.N.
Jan. 3, 1928 EVELEAN G. PIERCE, R.N.

Night Supervisors

May 7, 1927 HELEN A. NEWHALL, R.N.
Apr. 1, 1928 DORIS E. GRIFFITHS, R.N.

Chief—Social Service Department

Aug. 17, 1914 ALICE M. CHENEY, R.N.

Dietitian

May 21, 1925 THELMA TUBBS, B.S.

Apothecary

Dec. 2, 1912 HARRY H. COMAN

Clerk

Apr. 29, 1912 LIDA E. CRAWFORD

Record Librarians

House Records

June 16, 1922 EDITH M. ROBBINS

Out-Patient Records

Jan. 8, 1912 MAUD MACAULAY

Housekeeper

Nov. 1, 1912 ELIZABETH M. PACKARD

Chief—Mechanical Departments

Oct. 21, 1911 JOHN A. AITKEN

FORM OF BEQUEST

I give and bequeath to the Peter Bent Brigham Hospital, a corporation established under the laws of the Commonwealth of Massachusetts, the sum of _____ dollars, the same to be used for the furtherance of its charitable work.

